

## DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



October 18, 1995

ALL-COUNTY LETTER NO. 95-59

TO: COUNTY WELFARE DIRECTORS

Reason for this Transmittal

- ☒ State Law Change
- ☐ Federal Law Change
- ☐ Court Order
- ☐ Clarification Requested by  
One or More Counties
- ☐ Self-Initiated by SDSS
- ☐ Administrative, Operational,  
or Fiscal Instructions

SUBJECT: THE CALIFORNIA ALTERNATIVE ASSISTANCE PROGRAM (CAAP)

REFERENCE: MANUAL OF POLICY AND PROCEDURES (MPP) SECTION 89-700  
ALL-COUNTY LETTER (ACL) 94-28

This letter provides revised guidelines, forms, notices of action (NOAs), and regulations for the California Alternative Assistance Program (CAAP), which was implemented May 1, 1994. These changes to CAAP are a result of responses received in the public hearing process and comments received from the Office of Administrative Law (OAL). All counties are required to implement these new changes beginning July 17, 1995 (the date the final regulations were approved by OAL), which will affect child care costs incurred on or after that date.

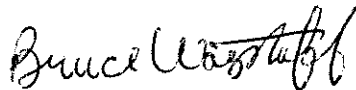
The California Department of Social Services (CDSS) worked with the Aid to Families With Dependent Children (AFDC) Technical Review Team, a subcommittee of the County Welfare Directors' Association, regarding these changes. Since a CAAP participant is considered an AFDC recipient and subject to all requirements of the AFDC program, there was a concentrated effort to develop a program that would fit into the existing AFDC program framework. Also, there was an effort to meet the federal requirements while keeping the program as simple as possible to administer.

The following is a list of the significant amendments to the CAAP regulations:

- o Section 89-701.31 has been added to specify a CAAP payment is not considered an assistance payment and, therefore, is not eligible for recoupment under the Title IV-D child support program.
- o MPP Section 89-710.11 has been amended to specify that, when making a CAAP eligibility determination, counties must determine that adequate child care cannot be provided during the CAAP participant's working hours by a parent or other person in his/her AU who is legally responsible for the child.

- o MPP Section 89-710.15 has been amended and Sections 89-725.11 and .12 have been added (replacing deleted Sections 89-725.11 and .12) to list the specific information required to be eligible for CAAP and to specify the time frames for providing the information.
- o MPP Sections 89-725.161 and .162 have been deleted to remove the requirement that the CAAP participant must provide to the county the social security number (SSN) or Tax ID number of the child care provider. The provider is given the option to provide the SSN or Tax ID number.
- o MPP Section 89-725.131 has been added (former Section 89-725.3) to specify that a request for a change from CAAP to AFDC grant status must be indicated on the CA 7/SAWS 7.
- o MPP Section 89-725.2 has been amended to specify the CAAP participant must notify the county of any changes in child care arrangements, including changes in providers, so that the county can determine the eligibility of the new child care provider.
- o MPP Section 89-730 has been amended to correctly specify the informing requirements and the criteria for discontinuing CAAP eligibility and denying a CAAP payment.
- o The former MPP Section 89-730.36 has been deleted to remove the requirement that the county is required to verify the child care provider's SSN with the Social Security Administration and to deny the CAAP payment when the SSN is determined not to be authentic.
- o MPP Section 89-730.38 has been added to specify that the county shall inform CAAP participants of the availability of the Transitional Child Care Program.
- o MPP Sections 89-735.13 and .212 have been amended to require the county to take steps to initiate the recovery of overpayments within 30 calendar days from the date the overpayment is discovered.

If you have any questions regarding this letter, please contact Ms. Jan DeSilva of the Child Care/Cal-Learn Section within the Employment and Refugee Programs Branch at (916) 654-1768.



BRUCE WAGSTAFF  
Acting Deputy Director  
Welfare Programs Division

Attachments

c: CWDA

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GUIDELINES FOR THE  
CALIFORNIA ALTERNATIVE ASSISTANCE PROGRAM (CAAP)

These guidelines are for implementing the changes to the California Alternative Assistance Program (CAAP).

CAAP Informing

Counties are required to provide the CAAP Information form (CAAP 100) to AFDC applicants and AFDC recipients at the time of application and redetermination. The CAAP Agreement (CAAP 101) is provided to AFDC applicants and recipients who have read the CAAP Information form and expressed an interest in the CAAP. The guidelines in All-County Letter (ACL) No. 94-28 incorrectly specified that counties must inform in writing only working AFDC eligible applicants and recipients about the availability of CAAP; however, counties are required to inform all AFDC applicants and recipients.

The CAAP Information form (CAAP 100) and the CAAP Agreement (CAAP 101) have been revised to provide more information to the CAAP participant, including information on Trustline registration and child support payments; to simplify the language in the forms; and to be consistent with the CAAP regulation changes. These forms contain additional information on the need for the CAAP participant to write on the Monthly Eligibility Report (CA 7/SAWS 7) if he/she chooses to stop CAAP to get AFDC cash aid and to let the county know of any changes in child care arrangements. The language on the CAAP 100 clarifies discontinuance of CAAP eligibility and denial and partial denial of a CAAP payment and specifies the CAAP participant must be told about the Transitional Child Care Program. The CAAP 101 clearly spells out that the CAAP participant will not get benefits from AFDC assistance programs such as Homeless Assistance, the Reduced Income Supplemental Payment, the Supplemental Child Care Program, or special needs. The CAAP 101 also specifies that if CAAP stops, the CAAP participant must reapply for cash aid. In addition, the computation portion of the CAAP 101 has been revised so that it is more accurate and easier to use.

Copies of the revised CAAP 100 and CAAP 101 are included in Attachment 2 and counties should begin using these forms as soon as possible.

CAAP Eligibility Requirements

The CAAP eligibility requirements in Section 89-710.11 have been amended to require counties, when making a CAAP eligibility determination, to make sure that child care cannot be provided during the CAAP participant's working hours by a parent or other person in the CAAP participant's assistance unit (AU) who is legally responsible for the child. The new regulation language clarifies that siblings and grandparents, who are in the home but not in the AU, cannot be required to provide the child care.

Section 89-710.15 has been amended to list the specific information required to be eligible for CAAP, to define a completed SCC 6 and CA 7/SAWS 7, and to specify the time frames for providing the information.

In addition, the CAAP regulations have been revised (former Sections 89-725.161 and .162) to remove the requirement for the CAAP participant to provide the exempt child care provider's social security number (SSN) or a licensed provider's Tax ID number to the county.

The regulations specified in former Section 89-725.17, requiring the CAAP participant to obtain specific information from his/her exempt child day care provider and provide it to the county, has been deleted.

#### CAAP Payment Eligibility

The CAAP regulations in Section 89-715.23 have been amended to clarify that, when necessary, the county shall issue a CAAP payment when the child care hours claimed are based on the provider's written standard billing practice. Counties should ask for a copy of the provider's standard billing practice and keep it on file before paying for holidays and breaks in attendance.

The CAAP regulations in Section 89-715.3 have been revised to specify that the county shall not approve a CAAP payment for a new child care provider if a payment was made for the same period of time to the prior-authorized provider unless the change was due to an emergency situation. An emergency situation occurs when care cannot be provided or the provision of care places the child at risk of harm.

#### CAAP Participant's Responsibilities

Regulations have been added to Section 89-725 to specify the monthly forms the CAAP participant must provide, to clarify who is responsible for completing the required information, and to clarify what must be included in the completed forms. All of the information to be completed on the SCC 6 was previously listed in Section 89-725.1, but has since been deleted because the list was not inclusive of all of the necessary requirements. In addition, Section 80-310 (Definitions - Forms) has been added to the CAAP regulations and defines the SAWS 7 and SCC 6, thereby eliminating the need to describe all components of the SCC 6 in the regulations.

To change from CAAP to AFDC grant status, a CAAP participant is required to indicate his/her request on his/her CA 7/SAWS 7 according to Section 89-725.131.

#### County Responsibilities

The CAAP regulations have been revised to clarify what constitutes a discontinuance of CAAP eligibility and a payment denial. As specified in Section 89-730.33, the county is required to discontinue CAAP eligibility on the last day of the month when the CAAP participant, all of the children in the CAAP family, and/or all of the child care providers for the eligible children no longer meet(s) the eligibility criteria specified for each. The new Section 89-730.34 has been added to require counties to deny or partially deny CAAP payments by the first day of the payment month under specified circumstances. An entire CAAP payment is denied for one month when the CAAP participant is not eligible for an AFDC grant because the case is in suspension for one month. The CAAP participant will get part of his/her CAAP payment when the CAAP family still has at least one eligible child, with an eligible child care provider and a complete SCC 6 and CA 7/SAWS 7, even though one or more of the children and/or child care providers no longer meet(s) the rules for CAAP.

A new regulation, Section 89-730.35, has been added that specifies when noticing the CAAP participant of a program discontinuance or payment denial, the county shall inform the CAAP participant that the action will be rescinded if the CAAP participant meets the specified eligibility requirements within 10 calendar days after the date of the notice.

Former Section 89-730.36 has been deleted to remove the requirement that the county must verify the child care provider's social security number (SSN) with the Social Security Administration and to deny the CAAP payment when the SSN is determined not to be authentic. However, the Monthly Child Care Eligibility Report (SCC 6) has been revised to allow the child care provider the option to provide his/her SSN. Therefore, if the provider provides his/her SSN, the CAAP regulations (Section 89-730.37) still require counties to compare the child care provider's SSN with the Medi-Cal Eligibility Data System (MEDS) to determine whether the provider is receiving AFDC, Food Stamps, and/or Medi-Cal benefits. Counties would input the code in order to retrieve the information from the MEDS. When a county discovers that the child care provider is receiving aid, county staff are encouraged to notify the appropriate worker to verify that the provider reported the earned income on his/her CA 7/SAWS 7.

Section 89-730.38 has been added to the CAAP regulations to specify that the county shall inform CAAP participants of the availability of the Transitional Child Care Program.

#### Underpayments and Overpayments

Previously the CAAP regulations gave no time frame for the county to begin action to collect overpayments. Regulation Sections 89-735.13 and .212 have been amended to require the county to take steps to initiate the recovery of overpayments within 30 calendar days from the date the overpayment is discovered.

#### Impact on Child Support

When CAAP was first implemented, numerous questions were raised on how child support payments and recoupments will impact CAAP payments. There was no definite decision made at that time; however, a decision has now been made and Section 89-701.31 was added to the CAAP regulations. It specifies that a CAAP payment is not considered an assistance payment and; therefore, is not eligible for recoupment under the Title IV-D program.

Language has been added in the CAAP 100 Informing Notice and the CAAP Agreement (CAAP 101) to inform the participant about the child support rules in CAAP. If the District Attorney collects child support and/or spousal support due to the CAAP participant, this support amount is counted in the AFDC grant computation (which is used to figure CAAP eligibility) and may make the participant ineligible for AFDC/CAAP because it raises his/her income level. Even though the \$50 disregard is exempt from income, the remainder of the child support amount, which is sent to the CAAP participant by the District Attorney, is counted as income in the month it is received in the AFDC grant computation.

Forms and Notices of Action (NOAs)

The regulations have been amended to clarify the noticing requirements for the CAAP program. Therefore, the forms and NOAs have been revised to reflect the amended regulations.

Copies of the CAAP forms and the instructions for their use are included in Attachment 2.

Copies of the new and revised CAAP NOAs, NOA messages, and instructions for their use, are included in Attachment 3.

Camera-ready copies of the forms and NOAs are available. The language pertaining to Trustline registration has already been included. Trustline registration will be implemented September 1, 1995 in the Title IV-A child care programs, including CAAP. Trustline is a registry of license exempt child care providers who have had their criminal history and potential child abuse records checked by the Department of Justice. Refer to All-County Letter number 95-38 for further information on the Trustline registration requirements.

Translated versions of the forms and NOA messages will be issued under separate cover to the County Forms Coordinator when available.



CALIFORNIA ALTERNATIVE ASSISTANCE PROGRAM (CAAP)  
FORMS AND INSTRUCTIONS

Attached are reproducible copies of the revised California Alternative Assistance Program (CAAP) forms, along with instructions for their use. All of the CAAP forms are "Required - Substitute Permitted" except the Child Care Payment Calculation Worksheet (SCC 7), which is "Recommended". A general description of the CAAP forms is given below and the CAAP forms are attached and discussed in the following order:

- o California Alternative Assistance Program (CAAP) Information, CAAP 100 (Informing Notice)
- o Agreement - California Alternative Assistance Program (CAAP), CAAP 101
- o Monthly Child Care Eligibility Report, SCC 6
- o Child Care Payment Calculation Worksheet, SCC 7
- o Child Care Repayment Agreement, SCC 10

To obtain a camera-ready copy of the English and/or Spanish versions of the CAAP forms, telephone or write to:

CDSS Forms Management Unit  
744 P Street, MS 7-182  
Sacramento, CA 95814  
(916) 657-1907/ATSS 437-1907

California Alternative Assistance Program (CAAP) Information, CAAP 100

The informing notice (CAAP 100) shall be used to satisfy CAAP informing requirements. The county must inform AFDC applicants and AFDC recipients in writing about the availability of the CAAP program at the time of application and at the annual review of eligibility for AFDC. The CAAP 100 shall be provided to those AFDC applicants and AFDC recipients according to Manual of Policy and Procedures (MPP) Section 89-730.1.

Agreement - California Alternative Assistance Program (CAAP), CAAP 101

The CAAP Agreement (CAAP 101) is provided to AFDC applicants and AFDC recipients who have read the CAAP informing notice and who have expressed an interest in the CAAP. Within 30 days of the completion of the eligibility determinations made at AFDC application and redetermination, the county shall obtain a signed statement from the individual choosing CAAP. The CAAP Agreement provides the rules and requirements pertaining to the CAAP, the responsibilities of a CAAP participant, and the conditions under which an individual becomes eligible and ineligible for a CAAP payment. The county worker shall show the calculations for an AFDC grant computation and the Supplemental Child Care (SCC) payment computation, along with the CAAP payment computation, to enable the

individual to make an informed decision about choosing CAAP benefits or the AFDC grant. The participant must sign the agreement to indicate he/she has read, understands, and agrees to the terms of the agreement, prior to receipt of CAAP benefits. In addition, the county worker shall certify that the computations were made and that the new CAAP participant has been given a copy of the signed agreement. The agreement is on two pages, with the certification boxes on the second page. The CAAP participant shall provide the county with a request for a change from CAAP to AFDC grant status when he/she no longer chooses to participate in CAAP and indicates this change on the monthly CA 7/SAWS 7.

#### Monthly Child Care Eligibility Report, SCC 6

The SCC 6 is a form that is completed by the CAAP participant and his/her child care provider and is submitted by the CAAP participant to the county every month, along with his/her Monthly Eligibility Report (CA 7/SAWS 7), in order to request a CAAP payment. (This form is also used in the Supplemental Child Care (SCC) Program to receive an SCC payment.) The CAAP participant must return the completed SCC 6 to the county by the 5th of the month with his/her CA 7/SAWS 7. If a completed SCC 6 is not in by the 11th, the CAAP child care benefits may be late, denied, or stopped. When there is more than one child care provider for the eligible child(ren) in the CAAP participant's family, a separate SCC 6, Part B only, is required for each child care provider.

Every item on the SCC 6 must be completed before the county can authorize a CAAP payment. However, if an SCC 6 is received by the county with any item left blank, the county could decide that the SCC 6 is not incomplete because the information was provided on a previous SCC 6 (i.e., the provider's address) or the information is in the case file (i.e., the child's birthdate). If the SCC 6 is submitted incomplete, counties must send it back to the CAAP participant with a Notice of Action (NOA). If the CAAP participant completes and resubmits the form by the first working day of the payment month, the county shall redetermine eligibility for a CAAP payment.

#### Child Care Payment Calculation Worksheet, SCC 7

The SCC 7 provides an optional worksheet for calculating the monthly child care payment and/or overpayment or underpayment for both the SCC and CAAP programs.

#### Child Care Repayment Agreement, SCC 10

The SCC 10 is an agreement between the recipient of an SCC or CAAP child care overpayment and the county, in which the overpayment amount is specified along with how an SCC and/or CAAP overpayment is/are to be repaid. Repayment arrangements show whether repayment will be by a cash payment or a grant reduction and the agreement is signed by both the county and the individual owing an overpayment.

## CALIFORNIA ALTERNATIVE ASSISTANCE PROGRAM (CAAP) INFORMATION

### What is CAAP?

The California Alternative Assistance Program (CAAP) allows working Aid to Families with Dependent Children (AFDC) applicants or recipients to get help with child care assistance and Medi-Cal benefits if they choose to refuse cash aid. CAAP participants may get other benefits such as food stamps.

### Can I get CAAP?

To get CAAP you must meet the following rules:

- You must be working and need child care to keep working.
- You must be eligible for AFDC and be a member of the AFDC assistance unit (AU).
- You must choose to refuse cash aid.
- Your child must:
  - Be in your AFDC AU or receiving federal foster care or Supplemental Security Income/State Supplementary Payment (SSI/SSP); and
  - Be under the age of 13, unless he/she is physically or mentally incapable of caring for himself/herself or under court supervision. You must give us proof.
- Your child care provider must:
  - Be at least 18 years old;
  - Not be a parent or legal guardian of the child;
  - Not be a member of your AFDC AU;
  - Complete a Monthly Child Care Eligibility Report (SCC 6), PART B, for every month of care, which has been signed under penalty of perjury; and
  - Either be licensed with the State of California or exempt from licensure. A child care provider must be licensed with the State of California unless s/he is related to the child or cares for his/her own child(ren) and the child(ren) from only one other family at any one time; the facility is operated by a public or private school and run by qualified teachers employed by the school or school district; or the facility is a public or private recreation program.
- If you choose an unlicensed child care provider, s/he must apply for Trustline registration unless s/he is an aunt, uncle, or grandparent of a child(ren) in his/her care or a public or private school or recreation facility.
- You may choose CAAP only at application and/or at the yearly review of AFDC eligibility.
- You must sign the CAAP Agreement to show that you have read, understand, and agree to its rules.

### What are my rights?

Your rights are:

- To be told about your rights and responsibilities.
- To be told in writing about CAAP at application and the yearly review of AFDC eligibility.
- To be told in writing when your CAAP payments are approved, denied, changed or stopped.
- To be told in writing when your eligibility for CAAP is stopped, or when the County did not get your CA 7/SAWS 7 and/or SCC 6, or when the SCC 6 or CA 7/SAWS 7 is/are not complete.
- To choose the child care provider that is best for you and your child(ren).
- To be able to get all of your child support payment(s) as long as you are getting CAAP and not getting AFDC cash aid.
- To ask for a state hearing if you disagree with any action taken

by the County. If you ask for a hearing, the County will not stop the action until the hearing is held and a decision is made.

- To be served without regard to race, color, national origin, religion, political affiliation, marital status, sex, disability, or age, as stipulated by your Rights and Responsibilities. You may file a complaint if you feel you have been discriminated against.

### What are my responsibilities?

- Sign the CAAP Agreement (CAAP 101).
- Give proof to the County on time every month of your child care costs, shown on a complete Monthly Child Care Eligibility Report (SCC 6), along with a complete Monthly Eligibility Report (CA 7/SAWS 7).
- Pay back any CAAP payment that you were not supposed to get.
- Write on the Monthly Eligibility Report (CA 7/SAWS 7) if you choose to stop CAAP to get AFDC cash aid.
- Tell the County when you have a change in child care arrangements.

### When will I stop getting CAAP?

You will stop being eligible for CAAP when:

- You no longer meet the rules and no longer do what you are responsible for, as listed on this form.
- All of the children in your family and/or all of the child care providers for your eligible children no longer meet the rules.

You will get none of your CAAP payment for one month when:

- Your case is in suspension for that month.

You will get part of your CAAP payment when:

- The CAAP family still has at least one eligible child with an eligible child care provider and a complete SCC 6 and CA 7/SAWS 7, even though one or more of the children and/or child care providers no longer meet(s) the rules for CAAP.

### Penalty warning

- Failure to report facts or giving wrong or incomplete facts for CAAP can result in legal prosecution with penalties of a fine, imprisonment, or both.

### Additional information:

What other programs may help with child care costs?

- The dependent care disregard may help working AFDC recipients pay their child care costs. The disregard allows you to keep more of your earned income to help pay for those costs.
- If your child care costs are more than the amount allowed as a dependent care disregard in your grant computation, you may be able to get help from the Supplemental Child Care (SCC) Program. Ask your worker.
- The Transitional Child Care (TCC) Program may help you pay your child care costs for up to 12 months after you stop getting AFDC or CAAP because you are working. Ask your worker.
- The At Risk Child Care Program (ARCCP) may help you pay your child care costs if you are not getting AFDC or TCC and are working. You can call toll-free 1-800-998-9114 for more information.
- The California Department of Education (CDE) has a subsidized child care system. For more information contact your local Resource and Referral Agency.

## AGREEMENT - CALIFORNIA ALTERNATIVE ASSISTANCE PROGRAM (CAAP)

I have read the California Alternative Assistance Program (CAAP) Information form and understand my rights and responsibilities about CAAP. I understand and agree that:

- I can only choose to get CAAP when I apply for AFDC and at my yearly review.
- I must be eligible for AFDC and be a member of the AFDC Assistance Unit (AU).
- I must meet CAAP and AFDC rules.
- I must be working and earning income.
- I must need child care in order to work.
- I must have child care costs for child(ren) in my AFDC AU or who would be in my AFDC AU if the child(ren) was/were not getting Federal Foster Care or Supplemental Security Income/State Supplementary Payment (SSI/SSP).
- I must have child care costs for child(ren) under the age of 13 years, unless my child(ren) need(s) special care or is/are under court supervision.
- My child care provider must be at least 18 years old, not a parent or legal guardian of the child, and not a member of my AFDC AU. In addition, the provider must either be licensed with the State of California or be exempt from licensure and must complete PART B of the Monthly Child Care Eligibility Report (SCC 6), for every month of care.
- If my child care provider is license exempt, he/she must apply for Trustline registration or be the aunt, uncle, or grandparent of a child(ren) in his/her care or a public or private school or recreation program.
- I must tell the County of any changes in child care arrangements.
- I will no longer get CAAP if I get child care benefits from another program.
- I will not get benefits from AFDC assistance programs such as Homeless Assistance, the Reduced Income Supplemental Payment (RISP), Supplemental Child Care (SCC), or special needs.
- My child care costs will be paid at the actual cost of care or up to the CAAP payment limit. The CAAP payment limit is based on the age of the child, the type of care, whether care is provided full-time or part-time, the child care provider's location, and whether my child has special needs.
- While I am in CAAP and not getting AFDC cash aid, any child support payments received by the District Attorney's office will not be used to pay back my CAAP payments and will be sent to me. However, this support amount will be counted in my AFDC grant computation (which is used to figure my CAAP eligibility) and may make me not able to get AFDC/CAAP because it makes my income higher.
- I will compare the cash aid amount to the CAAP amount and decide what is best for me.
- If I choose CAAP, I must voluntarily sign this CAAP Agreement to get CAAP child care assistance and Medi-Cal benefits and to decline AFDC cash aid.
- I must send in a complete Monthly Eligibility Report (CA 7/SAWS 7) and a complete Monthly Child Care Eligibility Report (SCC 6) by the 5th day of each month.
- I will be told in writing when my CAAP payments are approved, denied, changed, or stopped.
- If I want to start getting cash aid, I will tell the County on the Monthly Eligibility Report (CA 7/SAWS 7). I will not start getting cash aid again until the following month.
- If I do not give the facts or give wrong or incomplete facts for CAAP, it can result in legal prosecution with penalties of a fine, imprisonment, or both.
- I will pay back any CAAP payments that I am not supposed to get.
- If I ask for a state hearing, the County will not stop the action until the hearing is held and a decision is made.
- If my CAAP stops and I still need assistance, I must reapply for cash aid.

AFDC Grant Computation		COUNTY USE ONLY	
Gross Income			
Work Expense Disregard (\$90) -			
Subtotal			
\$30 Disregard -			
Subtotal			
1/3 Disregard(of subtotal) -			
Subtotal			
Child Care Disregard -			
Subtotal			
Other Countable Income +			
Net Countable Income =			
Basic Need (MBSAC)			
Net Countable Income -			
Potential Grant =			
Maximum Aid Payment (MAP)			
Lesser of Potential Grant and MAP = Cash Grant Amount			
<b>SCC Computation</b>			
Actual Monthly Child Care Costs			
SCC Payment Limit			
Lesser of Actual Child Care Costs or the SCC Payment Limit			
Child Care Disregard (from above) -			
SCC Payment =		<b>CAAP Payment Computation</b>	
		Actual Monthly Child Care Costs	
AFDC Grant Amount		CAAP Payment Limit	
SCC Payment +		Lesser of Actual Child Care Costs or the CAAP Payment Limit	
Total Cash Payment =		CAAP Payment =	

Signing this agreement means I have read all of its terms, I understand what all the terms mean, and I agree to all of the terms in this agreement.

SIGNATURE OF PERSON CHOOSING CAAP

DATE

I certify that the person listed above has been given a copy of this signed agreement. In addition, I have figured the recipient's AFDC grant, SCC payment, and the amount of child care assistance available from CAAP to allow the applicant/recipient to decide whether to choose CAAP.

ELIGIBILITY WORKER SIGNATURE

DATE

## AGREEMENT - CALIFORNIA ALTERNATIVE ASSISTANCE PROGRAM (CAAP)

### INSTRUCTIONS:

The CAAP Agreement, CAAP 101, is provided to AFDC applicants and AFDC recipients who have read the CAAP Information Sheet, CAAP 100, and have expressed an interest in the CAAP. Within 30 days of the completion of the eligibility determinations made at application and at the yearly review of AFDC eligibility, the county shall obtain a signed Agreement from the individual choosing CAAP.

### Person Choosing The CAAP:

- Reads the list of rules and responsibilities on the Agreement.
- Signs the Agreement that indicates that he/she has read all of the terms of the Agreement, understands what all the terms mean, and agrees to all of the terms in the Agreement.

### Eligibility Worker:

- Computes the AFDC grant for the individual who is interested in choosing CAAP, including the Supplemental Child Care (SCC) amount and the CAAP payment amount, to allow the interested individual to make an informed decision about choosing CAAP benefits or an AFDC grant.
- Certifies that the working CAAP applicant has been shown payment computations, comparing his/her AFDC grant with the amount of child care assistance available from the CAAP, and has signed the Agreement and has been given a copy of the signed Agreement.

**MONTHLY CHILD CARE ELIGIBILITY REPORT****Instructions:**

- If you work and paid child care costs and want an SCC or CAAP payment, fill out and return this report to your worker by the 5th of each month with your CA 7/SAWS 7. If a complete report is not in by the 11th, your child care benefits may be late, denied, or stopped.
- PART A must be filled out by you and PART B, on the back of this form, must be filled out by each child care provider. If needed, ask your worker for more copies.
- If you are getting CAAP payments and want to get cash aid, write that on your CA 7/SAWS 7.

**PART A - RECIPIENT FILLS IN THIS SECTION.**

1. NAME (FIRST, MIDDLE, LAST)	CASE NAME, IF DIFFERENT	HOME PHONE ( )	WORK PHONE, IF APPLICABLE ( )
ADDRESS (STREET, CITY, STATE, ZIP CODE)			

2. List the number of hours you worked each day in the month. (Do not write in the blanks on days you did not go to work.) Attach proof, if available.

Month/Year of Request: \_\_\_\_\_

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL HOURS

3. List your normal work hours.

For example: Monday-Thursday, 8:00 a.m. to 5:00 p.m.; Saturday, 1:00 p.m.-5:00 p.m.

4. It takes me \_\_\_\_\_ hours \_\_\_\_\_ minutes each day to go to and from my child care provider and where I go to work.

5. List your child care costs for the month:

CHILD'S NAME	BIRTHDATE	AGE	PROVIDER'S NAME	AMOUNT OWED	AMOUNT PAID

6. My child care provider has changed since my last request for a child care payment. ☐ YES ☐ NO  
(If "yes", your new provider must be approved before you can get a payment.)

**COUNTY USE ONLY**

Date Received: \_\_\_\_\_

Worker Number: \_\_\_\_\_

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

(✓) the boxes below when the status for each has been verified.

- ☐ Total Hours Verified  
☐ Evening/weekend Hours

For License Exempt Provider

- ☐ Applied For Trustline  
☐ Trustline Registered  
☐ Exempt From Trustline  
☐ RMR Changed

**CERTIFICATION**

I understand that:

- I am certifying I went to work on the days and hours listed above.
- Any statements made on this form are subject to investigation and verification.
- The hours of child care reported on this form are reasonably related to the hours I work.
- I have the right to choose the child care provider who is best for me and my child(ren).
- The provider must have a license or be exempt from having a license in order for me to get a child care payment.
- If I choose a license exempt child care provider, (s)he must apply for or be Trustline registered unless (s)he is an aunt, uncle, grandparent, school or recreation department providing care.
- The information on this form may be shared with other state and federal agencies, including the Internal Revenue Service (IRS) and the Franchise Tax Board (FTB).
- I must pay back any child care payments I am not entitled to get.
- The county does not act as the child care provider's employer, and does not have a business relationship with the child care provider when a child care payment is paid.
- If I choose child care in my home, I am the employer and am responsible for the social security tax. I also understand that if I have the child care provider work 20 hours a week or more in my home, I have to pay at least minimum wage and be responsible for state disability, and federal and state unemployment taxes according to the Fair Labor Standards Act (FLSA).
- I am certifying that I have paid the child care provider(s) listed above for the care provided.
- I am authorizing the county to get any verification necessary to process this request.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in PART A on this report is true and correct.

SIGNATURE OF RECIPIENT

DATE

**PART B - ONLY CHILD CARE PROVIDER . . .S IN THIS SECTION.**

1. PROVIDER'S NAME (FIRST, MIDDLE, LAST) OR NAME OF FACILITY						SOCIAL SECURITY NUMBER/TAX ID NUMBER (OPTIONAL)	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP CODE	PHONE (    )	
ADDRESS WHERE CARE IS PROVIDED, IF DIFFERENT THAN ABOVE						PHONE (    )	
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP CODE		

2. I provided child care in: ☐ My Home ☐ Child's Home ☐ Family Day Care Home ☐ Day Care Center  
for the recipient listed on the front in \_\_\_\_\_, 19\_\_\_\_, for the following child(ren):

MONTH

Child's Name	Amount Paid Per Child	Date Paid	Rate Charged	Specify How Charged (per hour, day, week, month)
A.				
B.				
C.				
D.				

3. List the number of hours you provided child care to each child for each day of the month:

Child	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
A.																																
B.																																
C.																																
D.																																

Other information:

4. For the boxes listed below, check (✓) the one that applies to you.

- ☐ I certify I am a licensed child care provider and my license number is \_\_\_\_\_.
- ☐ I certify I do not need a child day care license because:
- ☐ I am related to the child: Child A: \_\_\_\_\_, Child B: \_\_\_\_\_, Child C: \_\_\_\_\_, Child D: \_\_\_\_\_.
- (relationship) (relationship) (relationship) (relationship)
- ☐ I care for my own child(ren) and the child(ren) from only one other family at any one time.
- ☐ The facility is a public or private school which operates a program before and/or after school for school-age children, providing the program offered by a school is operated by the school and run by qualified teachers employed by the school or school district.
- ☐ The facility is a public or private recreation program.
- I declare that I am at least 18 years of age.
  - I declare that I provided the child care listed above and that the hours of care and total monthly costs listed above are true and correct and that I have received payment for these costs. I understand that I should not sign this form if I have not been paid for my child care.
  - I understand that if I am license exempt, I must apply for Trustline registration unless I am an aunt, uncle, grandparent of a child(ren) in my care or a school or recreation facility.
  - I understand that the social security number, if provided above, will be used to check whether I am also receiving AFDC, Food Stamps, and/or Medi-Cal benefits.
  - I understand that I must charge the recipient listed on the front the same or lower child care rates that I charge other clients for the same service.
  - I understand that the information on this form may be shared with other state and federal agencies, including the Internal Revenue Service (IRS) and the Franchise Tax Board (FTB).
  - I understand that the County does not act as my employer or have a business relationship with me when I get a child care payment.
  - I understand that failing to report facts or giving wrong or incomplete facts on this report can result in legal prosecution with penalties of a fine, imprisonment or both.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in PART B on this report is true and correct.

SIGNATURE OF PROVIDER

DATE



**INFORME MENSUAL DE ELEGIBILIDAD PARA CUIDADO DE NIÑOS****Instrucciones:**

- Si usted trabaja, paga cuidado de niños y quiere un pago de SCC o CAAP, complete este informe y devuélvaselo a su trabajador a más tardar el cinco de cada mes con su CA7/SAWS 7. Si no ha entregado un reporte completo para el día 11, es posible que sus beneficios de cuidado de niños se retrasen, se nieguen o se suspendan.
- Usted tiene que completar la PARTE A y cada proveedor de cuidado de niños tiene que completar la PARTE B, la cual se encuentra en el reverso de este formulario. Si necesita más copias, pídaselas a su trabajador.
- Si está recibiendo pagos de CAAP y quiere recibir asistencia monetaria, escriba eso en su CA7/SAWS 7.

**PARTE A – EL BENEFICIARIO COMPLETA ESTA SECCION.**

1. NOMBRE (NOMBRE, NOMBRE QUE USA EN MEDIO, APELLIDO)	NOMBRE EN EL CASO, SI ES DIFERENTE	TELEFONO DEL HOGAR ( )	TELEFONO DEL TRABAJO, SI TIENE ( )
DIRECCION (CALLE, CIUDAD, ESTADO, CODIGO POSTAL)			

2. Anote el número de horas que trabajó cada día del mes. (No escriba nada en los espacios bajo los días en que usted no fue a trabajar.) Adjunte pruebas, si las tiene.

Mes/Año de la petición: \_\_\_\_\_

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL DE HORAS

3. Anote sus horas regulares de trabajo.

Por ejemplo: Lunes-jueves, de 8:00 de la mañana a 5:00 de la tarde; Sábado, de 1:00 de la tarde a 5:00 de la tarde.

4. Tardo \_\_\_\_\_ horas \_\_\_\_\_ minutos cada día para ir de mi casa al lugar donde se proporciona el cuidado de niños y a mi trabajo y para regresar.

5. Anote sus gastos de cuidado de niños del mes:

NOMBRE DEL NIÑO	FECHA NACIMIENTO	EDAD	NOMBRE DEL PROVEEDOR	CANTIDAD QUE DEBE	CANTIDAD PAGADA

6. Mi proveedor de cuidado de niños ha cambiado desde mi última petición para pagos de cuidado de niños. ☐ SI ☐ NO  
(Si la respuesta es "sí", se tiene que aprobar a su nuevo proveedor antes de que usted pueda recibir pagos.)

**CERTIFICACION**

Entiendo que:

- certifico que trabajé los días y horas anotadas arriba.
- se puede investigar y verificar cualquier declaración hecha en este formulario.
- las horas de cuidado de niños reportadas en este formulario están relacionadas de forma razonable a las horas que trabajé.
- tengo el derecho a escoger al proveedor de cuidado de niños que sea mejor para mí y mis hijos.
- para que yo pueda recibir pagos de cuidado de niños, el proveedor tiene que tener licencia o estar exento de este requisito.
- si escojo a un proveedor de cuidado de niños que no necesite tener licencia, el proveedor tiene que solicitar que se le inscriba en el registro de personas cuyos antecedentes han sido verificados (*Trustline registration*) o estar ya inscrito en ese registro, a menos que sea la tía, tío, abuela, o abuelo de los niños, o el cuidado se proporcione en una escuela o establecimiento de recreación.
- se le puede dar la información de este formulario a otras oficinas/agencias federales y estatales, incluyendo al Departamento de Impuestos Federales (*Internal Revenue Service-IRS*) y al Departamento de Impuestos del Estado (*Franchise Tax Board-FTB*).
- tengo que reembolsar los pagos de cuidado de niños que no tenga derecho a recibir.
- el condado no actúa como el patrón del proveedor de cuidado de niños, y no tiene una relación de negocios con el proveedor de cuidado de niños cuando se hace un pago de cuidado de niños.
- si escojo el cuidado de niños en mi hogar, yo soy el patrón y soy responsable de los impuestos del seguro social. También entiendo que si el proveedor de cuidado de niños trabaja 20 horas o más a la semana en mi hogar, tengo que pagarle al menos el salario mínimo establecido por la ley y ser responsable de los impuestos del seguro del estado contra incapacidad y del seguro federal y estatal contra desempleo en conformidad con el Decreto de Medidas Justas de Trabajo (*Fair Labor Standards Act-FLSA*).
- certifico que le he pagado a los proveedores de cuidado de niños mencionados arriba por el cuidado proporcionado.
- autorizo al condado a que obtenga cualquier verificación que sea necesaria para tramitar esta petición.

Declaro bajo pena de perjurio, en conformidad con las leyes de los Estados Unidos de América y del Estado de California, que la información incluida en la PARTE A de este informe es verdadera y correcta.

FIRMA DEL BENEFICIARIO

FECHA

**SOLO PARA USO DEL CONDADO**

Date Received:

Worker Number:

Case Name:

Case Number:

☒ the boxes below when the status for each has been verified.

☐ Total Hours Verified

☐ Evening/weekend Hours

For License Exempt Provider

☐ Applied For Trustline

☐ Trustline Registered

☐ Exempt From Trustline

☐ RMR Changed

# **PARTE B - SOLAMENTE EL PROVEEDOR DE CUIDADO DE NIÑOS COMPLETA ESTA SECCIÓN.**

1. NOMBRE DEL PROVEEDOR (NOMBRE, NOMBRE QUE USA EN MEDIO, APELLIDO) O NOMBRE DEL ESTABLECIMIENTO						NÚMERO DEL SEGURO SOCIAL/NÚMERO DE IDENTIFICACIÓN PARA IMPUESTOS (OPCIONAL)	
DIRECCIÓN DEL HOGAR	NÚMERO	CALLE	CIUDAD	ESTADO	CODIGO POSTAL	TELÉFONO ( )	
DIRECCIÓN DE DONDE SE PROPORCIONA EL CUIDADO, SI ES DIFERENTE DE LA ANTERIOR.						TELÉFONO ( )	
DIRECCIÓN	NÚMERO	CALLE	CIUDAD	ESTADO	CODIGO POSTAL		

2. Proporcioné el cuidado de niños en: ☐ Mi casa ☐ Casa del niño ☐ Hogar familiar de cuidado ☐ Guardería para el beneficiario mencionado en el otro lado en \_\_\_\_\_, 19\_\_\_\_\_, en relación a los siguientes niños:

Nombre del niño	MES		Fecha en que se pagó	Cuota que se cobró	Especifique cómo se cobró (por hora, día, semana, mes)
A.					
B.					
C.					
D.					

3. Anote el número de horas que le proporcionó cuidado a cada niño cada día del mes:

Niño	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
A.																																
B.																																
C.																																
D.																																

Otra información:

4. Marque (✓) la casilla que sea pertinente.

- ☐ Certifico que soy un proveedor de cuidado de niños con licencia y que mi número de licencia es el \_\_\_\_\_.
- ☐ Certifico que no necesito una licencia de cuidado de niños porque:
- ☐ soy un pariente del niño: niño A: \_\_\_\_\_, niño B: \_\_\_\_\_, niño C: \_\_\_\_\_, niño D: \_\_\_\_\_  
(parentesco) (parentesco) (parentesco) (parentesco)
  - ☐ en cualquier momento dado, cuido a mis propios hijos y a los hijos de solamente otra familia.
  - ☐ el establecimiento es una escuela pública o privada que administra un programa de antes o después de la escuela para niños de edad escolar, siempre que el programa que la escuela ofrezca sea administrado por la escuela y dirigido por maestros calificados empleados por la escuela o el distrito escolar.
  - ☐ el establecimiento es un establecimiento de recreación público o privado.
- Declaro que tengo por lo menos 18 años de edad.
  - Declaro que proporcioné el cuidado de niños mencionado arriba y que las horas de cuidado y el total de los gastos mensuales mencionados arriba son verdaderos y correctos y que he recibido el pago de esos cobros. Entiendo que no debo firmar este formulario si no se me ha pagado por el cuidado de niños.
  - Entiendo que si estoy exento del requisito de tener licencia, tengo que solicitar que se me inscriba en el registro de personas cuyos antecedentes han sido verificados (*Trustline registration*) a menos que sea la tía, tío, abuela, o abuelo de los niños bajo mi cuidado o el cuidado se proporcione en una escuela o establecimiento de recreación.
  - Entiendo que el número del seguro social, si se proporcionó arriba, se usará para verificar si también estoy recibiendo AFDC, estampillas para comida y/o beneficios de Medi-Cal.
  - Entiendo que tengo que cobrarle al beneficiario mencionado en el otro lado de este formulario la misma cuota o una más baja que la que le cobro a otros clientes por el mismo servicio.
  - Entiendo que se le puede dar la información de este formulario a otras oficinas/agencias federales y estatales, incluyendo al Departamento de Impuestos Federales (*Internal Revenue Service-IRS*) y al Departamento de Impuestos del Estado (*Franchise Tax Board-FTB*).
  - Entiendo que el condado no actúa como mi patrón ni tiene una relación de negocios conmigo cuando recibo un pago de cuidado de niños.
  - Entiendo que el no dar toda la información o dar información falsa o incompleta en este informe puede resultar en enjuiciamiento legal con sanciones de una multa, encarcelamiento o ambos.

Declaro bajo pena de perjurio, en conformidad con las leyes de los Estados Unidos de América y del Estado de California, que la información incluida en la PARTE B de este informe es verdadera y correcta.

FIRMA DEL PROVEEDOR	FECHA
	

# CHILD CARE PAYMENT CALCULATION WORKSHEET

☐ California Alternative Assistance Program (CAAP)      ☐ Supplemental Child Care (SCC) Program

CASE NAME:

CASE NUMBER:

WORKER NUMBER:

MONTH: <input type="text"/>	CHILD #1	CHILD #2	CHILD #3
1. Child's Name and Eligibility Information	Name: _____ <input type="checkbox"/> eligible provider <input type="checkbox"/> work hrs related to hrs of care <input type="checkbox"/> eligible child <input type="checkbox"/> part-time <input type="checkbox"/> full-time	Name: _____ <input type="checkbox"/> eligible provider <input type="checkbox"/> work hrs related to hrs of care <input type="checkbox"/> eligible child <input type="checkbox"/> part-time <input type="checkbox"/> full-time	Name: _____ <input type="checkbox"/> eligible provider <input type="checkbox"/> work hrs related to hrs of care <input type="checkbox"/> eligible child <input type="checkbox"/> part-time <input type="checkbox"/> full-time
2. Actual Monthly Child Care Cost:			
3. Monthly Rate Ceiling:			
4. Maximum Reimbursement: (Lesser of 2 or 3) =			
5. Amount Received From Child Care Disregard (for SCC only): -			
6. Child Care Reimbursement Amount: (4 minus 5) =			
7. Total Child Care Reimbursement Amount: (All Item 6s) =			
8. Overpayment Adjustment: -			
9. Net Child Care Reimbursement Amount: (7 minus 8) =			
<b>CHILD CARE PAYMENT RECOMPUTATION</b>			
10. Child Care Payment Previously Authorized:			
11. Correct Payment:			
12. Overpayment (If 10 is Larger Than 11):			
13. Underpayment (If 11 is Larger Than 10):			
WORKER INITIAL/DATE:			

## CHILD CARE PAYMENT CALCULATION WORKSHEET

### Purpose

This worksheet is used to compute and document California Alternative Assistance Program (CAAP) or Supplemental Child Care (SCC) program payment amounts and/or overpayments on a monthly basis. It can also serve to collect certain data elements needed for monthly statistical reporting purposes.

- Enter a check mark in the box for the correct child care program, CAAP or SCC.
- Enter the month for which you are computing the payment.
- Enter the case name, case number, and worker number.

Item 1: Enter each child's name and enter a check mark in the applicable boxes to verify the following information for each child:

- Eligible provider.
- Eligible child.
- Work hours related to hours of care.
- Part-time (147 hours or less per calendar month) or full-time (more than 147 hours per calendar month).

Item 2: Enter the actual monthly child care cost for each child.

Item 3: Enter the monthly Regional Market Rate (RMR) amount for each child based on the RMR chart using the following information:

- The care provider's geographic location in California.
- The type of care provided (i.e., a licensed day care center, in-home exempt care, etc.).
- The number of hours of care, either on a full-time or part-time basis.
- The child's age.
- How the provider charges (hourly, daily, weekly, or monthly).
- A child with special needs.

Item 4: Enter the maximum reimbursement per child (the lesser of Item 2 or Item 3).

Item 5: For SCC only, enter the amount used to reduce the net countable income through the child care disregard process.

Item 6: Enter the reimbursement amount by deducting Item 5 from Item 4.

Item 7: Add all Item 6 amounts and enter the combined total in Item 7. This figure gives the total combined reimbursement amount for the family.

Item 8: Enter any overpayment adjustment amount.

Item 9: Enter the net child care reimbursement amount (Item 7 less Item 8).

### SCC RECOMPUTATION

Item 10: Enter the original child care payment amount.

Item 11: Enter the correct child care payment amount.

Item 12: Enter the difference between Item 10 and Item 11 (only if Item 10 is larger than Item 11).

Item 13: Enter the difference between Item 10 and Item 11 (only if Item 11 is larger than Item 10).

Worker Initial/Date: Enter the initials of the worker and the date the computation was completed.

**CHILD CARE  
REPAYMENT AGREEMENT**

ADDRESSEE

CASE NUMBER

CASE NAME

WORKER

DATE

**I. REPAYMENT TERMS AND CONDITIONS**

Your total ☐ Supplemental Child Care (SCC) overpayment or ☐ California Alternative Assistance Program (CAAP) overpayment is \$ \_\_\_\_\_. You must repay what you owe by using one or more of the methods listed in Section III.

If this agreement has been mailed to you and you have no questions, complete and sign this agreement. Return the signed agreement within ten days. Keep the last copy. Return all other copies to the County. Do not send cash with this agreement. If you want to pay in cash, pay in person. Be sure to ask for a numbered receipt with the County name on it.

When approved by the County, a signed copy of this agreement will be sent to you.

If you do not return this agreement within ten days of the date this notice was mailed to you, the County will demand payment and take other action to collect the overpayment.

If you have any questions, please call your worker.

**II. I understand that:**

1. Any changes in my ability to pay can change my monthly payments.
2. If anything changes, I can ask the County to enter into a new repayment agreement with me.
3. If I do not pay as agreed, no longer get AFDC, or for any reason this agreement no longer works, the County will require a new repayment agreement.
4. If I do not pay back the County as I have agreed, they can sue me to get back the amount owed, even if it is beyond three years. I may have to pay collection costs, attorney fees, court costs, and interest.
5. If I do not pay, the County may take my state income tax refund and/or ask for the court to attach my wages or any property I own.
6. The County may ask other family members to repay if I do not repay the overpayments.

Put your initials here \_\_\_\_\_ to show that you have read and understand items 1 through 6 in Section II above.

**III. Check below the ways you want to repay. Fill in the amount(s) you will repay.****1. Cash Payment**

You may repay all or part of what you owe with cash.

- ☐ I will repay by lump sum cash payment of \$ \_\_\_\_\_ by \_\_\_\_\_.
- ☐ I will repay by monthly cash payment of \$ \_\_\_\_\_ by the first day of each month beginning \_\_\_\_\_.

**2. Grant Reduction**

You may repay by having your AFDC payment reduced.

- ☐ I will repay by having my AFDC grant reduced by \$ \_\_\_\_\_ each month.

**IV. CHECK THE BOX BELOW THAT APPLIES TO YOU**

- ☐ I can begin repayment within 30 days from the date this notice was mailed to me.
- ☐ I cannot begin to repay within 30 days from the date this notice was mailed to me, but I will begin to repay in the way(s) I chose in Section III, by \_\_\_\_\_.

Mail this form and payments to:

Bring this form and payments "in person" to:

Sign your name below and enter the date.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**V. To be completed by the County**

The above signed Agreement has been accepted by \_\_\_\_\_ on \_\_\_\_\_

for \_\_\_\_\_ County.

Signature \_\_\_\_\_

## CHILD CARE REPAYMENT AGREEMENT - SCC 10

### INSTRUCTIONS:

The Child Care Repayment Agreement, SCC 10, is used to secure a written repayment agreement with a participant who has a Supplemental Child Care (SCC) or California Alternative Assistance Program (CAAP) overpayment and is no longer receiving SCC or CAAP payments. It may be sent with the SCC Demand Notice of Action, M44-508A, or the CAAP Demand Notice of Action, NA 118, to be completed and returned by the participant. The County may also use this form in a meeting with the individual to document the terms of repayment.

### Section I

- The County indicates if the participant was overpaid in the SCC Program or the CAAP.
- The County fills in the total amount of the overpayment.

(This section gives instructions to the participant on completing this agreement and explains the process for repayment.)

### Section II

- The participant reads and puts his/her initials in the box at the end of Section II indicating that he/she understands items 1 - 6 in that section.

### Section III

- The participant checks the box that represents the payment method chosen and, as appropriate, fills in the payment amount and the date repayment will begin.

### Section IV

- The participant checks the box to indicate the timeframe for beginning the repayment.
- The participant must enter the date on which he/she will begin repayment if he/she cannot repay within 30 days from the date the agreement was mailed to him/her.
- The County must indicate to the participant where to mail or bring the payment and agreement.
- The participant signs and dates the agreement.

### Section V

- The appropriate County employee enters the name of the person who accepted the agreement, the date the agreement was accepted, and in what county the agreement was made.
- The County worker who is securing the agreement must sign the agreement.

CALIFORNIA ALTERNATIVE ASSISTANCE PROGRAM (CAAP)  
NOTICES OF ACTION (NOAs), NOA MESSAGES, AND NOA INSTRUCTIONS

The Notices of Action (NOAs), NOA messages, and NOA instructions are attached and discussed in the following order:

- NA 111A (New 9/95)      Approval - Approve CAAP Eligibility and Prospective Payment or Restore CAAP Eligibility
- NA 111B (New 9/95)      Approval - Approve CAAP Eligibility and Retrospective Payment
- NA 111C (Rev. 9/95)      Approval - Monthly Payment Approval or Restore Denied Payment
- NA 112.2 (Rev. 9/95)      Approval - Partial Approval
- NA 113.2 (Rev. 9/95)      Discontinuance - Late/Incomplete SCC 6
- NA 114 (New 9/95)      Denial - Deny/Suspend for One Month
- NA 115.2 (New 9/95)      Discontinuance - Discontinue CAAP
- NA 116.2 (Rev. 9/95)      Change - Change of Payment Limit
- NA 117.2 (Rev. 9/95)      Change - Overpayment Adjustment
- NA 118.2 (Rev. 9/95)      Demand - Overpayment Demand Notice
- NA 119.2 (Rev. 9/95)      Change - CAAP Underpayment

General NOA Information

The CAAP NOAs were developed and revised to cover the most common situations that would require client notification. Should a complex message or situation arise that is not covered by an existing NOA message, counties may modify or create new NOA messages using the AFDC language standards as a guideline. Counties shall use AFDC rules for adequate and timely notice requirements. Counties are required to notice CAAP participants for approval of CAAP eligibility, denial of a CAAP payment, discontinuance of CAAP eligibility, CAAP overpayment/underpayment adjustments and overpayment demands, return to AFDC grant status, nonreceipt of the SCC 6 or receipt of an incomplete SCC 6, and a change in a CAAP payment rate ceiling.

In addition, counties shall follow the informing procedures for a late and/or incomplete CA 7/SAWS 7 using the NA 960X and Y. The NA 960X is used to notify the CAAP participant or AFDC recipient that the county is stopping his/her cash aid, food stamps, and or CAAP payment because the county has not received his/her Monthly Eligibility Report (CA 7/SAWS 7) due that month. The NA 960Y is used to notify the CAAP participant or AFDC recipient that the county is stopping his/her cash aid, food stamps, and/or CAAP payment because his/her Monthly Eligibility Report (CA 7/SAWS 7), received by the county, was not complete.

Counties can print the CAAP NOA messages on the standard NA 290. The standard NA BACK 7 is used on the back of all CAAP NOAs and with the SCC 10, Child Care Repayment Agreement.

NA 111A (New 9/95) Approval - Approve CAAP Eligibility and Prospective Payment or Restore CAAP Eligibility

The NA 111A is used to approve CAAP and Medi-Cal eligibility and a prospective CAAP payment for a new CAAP/AFDC applicant. The NA 111A provides the maximum approved monthly CAAP payment. This NOA may also be used to restore CAAP eligibility if a CAAP discontinuance is rescinded.

NA 111B (New 9/95) Approval - Approve CAAP Eligibility and Retrospective Payment

The NA 111B is used to approve CAAP eligibility and a retrospective payment for a current AFDC recipient who is already eligible for Medi-Cal, who has chosen to decline AFDC cash aid in lieu of CAAP child care payments and Medi-Cal benefits. This NOA tells the participant when AFDC cash aid will stop and when CAAP will start. The NA 111B provides the maximum approved monthly CAAP payment.

NA 111C (Rev. 9/95) Approval - Monthly Payment Approval or Restore Denied Payment

The NA 111C is used to approve the monthly CAAP payment and to restore a CAAP payment if a denial is rescinded. The NA 111C is for counties using SAWS or other computer systems that want to send an approval NOA each month. This NOA can be used by the SAWS counties to change the CAAP payment limit.

NA 112.2 (Rev. 9/95) Approval - Partial Approval

The NA 112.2 is used to approve the CAAP payment when it is less than the amount requested by the CAAP participant. The reasons for the reduction are provided, along with the computations. The NA 112.2 is to be used to deny part of a CAAP payment when the CAAP family consists of more than one child and one of the children is not eligible or when there is more than one child care provider and one is not eligible.

NA 113.2 (Rev. 9/95) Discontinuance - Late/Incomplete SCC 6

The NA 113.2 is used to notify the CAAP participant that she/he will be discontinued from CAAP eligibility for a missing Monthly Child Care Eligibility Report (SCC 6) or if the SCC 6 is not complete for all of the CAAP participant's eligible children and their child care providers. The NOA shows the date CAAP will be stopped unless the completed SCC 6 is received by the county. It is important to note that if the SCC 6 is complete for at least one eligible child and his/her eligible provider, but not complete for all eligible children and their providers, then the county would not discontinue CAAP but deny part of the CAAP payment and use the NA 112.2.



NA 114 (New 9/95) Denial - Deny/Suspend For One Month

The NA 114 is used to deny the entire CAAP payment for one month, due to the CAAP participant being ineligible for an AFDC grant because his/her case is in suspension. A separate AFDC suspense notice must be sent with this NOA explaining the reason the case is in suspension.

NA 115.2 (New 9/95) Discontinuance - Discontinue CAAP

The NA 115.2 is used to discontinue CAAP eligibility when the CAAP participant, all of the children in the CAAP family, and/or all of the child care providers for the eligible children no longer meet(s) the eligibility criteria or when the CAAP participant writes on his/her Monthly Eligibility Report (CA 7/SAWS 7) that he/she wants cash aid instead of a CAAP payment. However, counties must send a separate AFDC notice approving the cash aid.

NA 116.2 (Rev. 9/95) Change - Change of Payment Limit

The NA 116.2 is used to change the maximum amount that the county will pay for the CAAP child care. The NOA gives the effective date for the change in the CAAP payment limit and the reason for this change. A change in the CAAP payment limit may be due to a change in: the age of the child, the type of care provided, whether the care is provided full-time or part-time, the child care provider's location, whether the child is a child with special needs, and/or the CAAP payment limit set by the State of California.

NA 117.2 (Rev. 9/95) Change - Overpayment Adjustment

The NA 117.2 is used to notify a CAAP participant of the amount of the overpayment, when the county will lower the monthly CAAP payment, and the subsequent adjustment in future CAAP payments. The reasons for the overpayment are listed, along with the computations showing how much the CAAP participant was paid and what he/she should have been paid.

NA 118.2 (Rev. 9/95) Demand - Overpayment Demand Notice

The NA 118.2 is used to notify a former CAAP participant, who is no longer receiving CAAP payments but may be receiving an AFDC grant and/or other child care payments, of an overpayment and subsequent demand for repayment. The NOA specifies the amount of the overpayment and the reasons for the overpayment. This NOA specifies the action to be taken by the county.

NA 119.2 (Rev. 9/95) Change - CAAP Underpayment

The NA 119.2 is used to notify a CAAP participant of an underpayment, gives the month(s) the CAAP participant was underpaid, and gives the amount of the underpayment. The NOA specifies the amount the CAAP participant should have received, the amount actually paid to him/her, the reason for the underpayment, and the action the county plans to take to correct the situation.

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

As of \_\_\_\_\_, the County has approved your California Alternative Assistance Program (CAAP) and Medi-Cal eligibility. Your monthly CAAP payment has been approved for the limit of \$\_\_\_\_\_.

The County will only pay child care for days and hours you were working and only up to a payment limit set by the State of California. The payment limit is based on the child's age, the type of care, whether the child care is provided full-time or part-time, the child care provider's location, and whether the child has special needs.

If you change your child care provider or your work hours, the payment limits listed on this notice may change. Tell your worker immediately about any changes.

The CAAP payment is what you paid for your child care or the payment limit, whichever is less.

Both your CAAP payment amount and your CAAP payment limit(s) for each child(ren) are figured on this notice.

You must turn in a complete Monthly Eligibility Report (CA 7/SAWS 7) and Monthly Child Care Eligibility Report (SCC 6) no later than the 11th of the month in order to get a CAAP payment or your payment will be late, denied, or stopped.

If you want cash aid instead of a CAAP payment, you must write this on the Monthly Eligibility Report (CA 7/ SAWS 7).

You will get a plastic Medi-Cal Benefits Identification Card (BIC) in the mail soon, if you don't have one already. Take this plastic card to your medical provider when you need care. This card is good as long as you are eligible for Medi-Cal. **DO NOT THROW AWAY YOUR PLASTIC ID CARD.** You will be able to use it again if you remain eligible for Medi-Cal.

☐ You have chosen a provider who is not licensed and who must apply for Trustline registration. Payments for child care with this provider will be stopped on \_\_\_\_\_ unless the County gets proof that your provider has applied for Trustline registration. You will get no further notice.

**Rules:** These rules apply. You may review them at your welfare office. MPP 89-710, 89-715.1 & .6, 89-720, 89-725.1, .11, .12, .13, & .2, & 89-730.411

Child's Name: \_\_\_\_\_  
Provider's Name: \_\_\_\_\_  
Your child care costs \$ \_\_\_\_\_  
Your payment limit \$ \_\_\_\_\_  
CAAP payment \$ \_\_\_\_\_

Child's Name: \_\_\_\_\_  
Provider's Name: \_\_\_\_\_  
Your child care costs \$ \_\_\_\_\_  
Your payment limit \$ \_\_\_\_\_  
CAAP payment \$ \_\_\_\_\_

Child's Name: \_\_\_\_\_  
Provider's Name: \_\_\_\_\_  
Your child care costs \$ \_\_\_\_\_  
Your payment limit \$ \_\_\_\_\_  
CAAP payment \$ \_\_\_\_\_

Child's Name: \_\_\_\_\_  
Provider's Name: \_\_\_\_\_  
Your child care costs \$ \_\_\_\_\_  
Your payment limit \$ \_\_\_\_\_  
CAAP payment \$ \_\_\_\_\_

Subtotal of CAAP payments \$ \_\_\_\_\_

Adjustment to collect overpayment, if applicable - \$ \_\_\_\_\_

TOTAL MONTHLY CAAP PAYMENT =\$ \_\_\_\_\_

State of California  
Department of Social Services

Manual Msg. No: NA 111A  
Action: Approval  
Reason: CAAP Eligible  
Title: AFDC/CAAP Applicant  
Eligible for CAAP  
Program and  
Prospective Payment  
or Restore CAAP  
if Discontinued

Auto ID No. :  
Source : CAAP  
Regulation Cite: MPP 89-710,  
89-715.1 & .6, 89-720, 89-725.1,  
.11, .12, .13, & .2, 89-730.411

Form No.:  
Effective Date: 9/95  
Revision Date:

MESSAGE:

As of \_\_\_\_\_, the County has approved your California Alternative Assistance Program (CAAP) and Medi-Cal eligibility. Your monthly CAAP payment has been approved for the limit of \$\_\_\_\_\_.

The County will only pay child care for days and hours you were working and only up to a payment limit set by the State of California. The payment limit is based on the child's age, the type of care, whether the child care is provided full-time or part-time, the child care provider's location, and whether the child has special needs.

If you change your child care provider or your work hours, the payment limits listed on this notice may change. Tell your worker immediately about any changes.

The CAAP payment is what you paid for your child care or the payment limit, whichever is less.

Both your CAAP payment amount and your CAAP payment limit(s) for each child(ren) are figured on this notice.

You must turn in a complete Monthly Eligibility Report (CA 7/SAWS 7) and Monthly Child Care Eligibility Report (SCC 6) no later than the 11th of the month in order to get a CAAP payment or your payment will be late, denied, or stopped.

If you want cash aid instead of a CAAP payment, you must write this on the Monthly Eligibility Report (CA 7/SAWS 7).

You will get a plastic Medi-Cal Benefits Identification Card (BIC) in the mail soon, if you don't have one already. Take this plastic card to your medical provider when you need care. This card is good as long as you are eligible for Medi-Cal. **DO NOT THROW AWAY YOUR PLASTIC ID CARD.** You will be able to use it again if you remain eligible for Medi-Cal.

[ ] You have chosen a provider who is not licensed and who must apply for Trustline registration. Payments for child care with this provider will be stopped on \_\_\_\_\_ unless the  
Date  
County gets proof that your provider has applied for Trustline registration. You will get no further notice.

	A	B	C
Child's Name:	_____	_____	_____
Provider's Name:	_____	_____	_____
Your child care costs	\$ _____	\$ _____	\$ _____
Your payment limit	\$ _____	\$ _____	\$ _____
CAAP payment	\$ _____	\$ _____	\$ _____
Subtotal of CAAP payments	\$ _____		
Adjustment to collect overpayment, if applicable	-\$ _____		
TOTAL MONTHLY CAAP PAYMENT	=\$ _____		

#### INSTRUCTIONS FOR NA 111A

Use to approve CAAP and Medi-Cal eligibility and a prospective CAAP payment for a new CAAP/AFDC applicant. This NOA may also be used to restore CAAP eligibility if a discontinuance is rescinded. This NOA provides explanation of the payment and payment limit.

Enter the approval date and the amount of the CAAP payment.

Check the appropriate box when the CAAP participant has chosen a child care provider who is not licensed and who must apply for Trustline registration. Enter the date that child care payments will stop unless you get proof that the exempt provider has applied for Trustline registration. This is the only NOA necessary if the provider does not register.

Fill in the names of the eligible child(ren) and the eligible child care provider(s).

Complete the applicable computation(s) and show the child care costs, payment limit, CAAP payment amount for each child, subtotal, adjustments for overpayments, and the total monthly CAAP payment.

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

Your AFDC cash aid will stop as of \_\_\_\_\_ and your California Alternative Assistance Program (CAAP) will start as of \_\_\_\_\_. Your monthly CAAP payment has been approved for the limit of \$\_\_\_\_\_.

The County will only pay child care for days and hours you were working and only up to a payment limit set by the State of California. The payment limit is based on the child's age, the type of care, whether the child care is provided full-time or part-time, the child care provider's location, and whether the child has special needs.

If you change your child care provider or your work hours, the payment limits listed on this notice may change. Tell your worker immediately about any changes.

The CAAP payment is what you paid for your child care or the payment limit, whichever is less.

Both your CAAP payment amount and your CAAP payment limit(s) for each child(ren) are figured on this notice.

You must turn in a complete Monthly Eligibility Report (CA 7/SAWS 7) and Monthly Child Care Eligibility Report (SCC 6) no later than the 11th of the month in order to get a CAAP payment or your payment will be late, denied, or stopped.

If you want cash aid instead of a CAAP payment, you must write this on the Monthly Eligibility Report (CA 7/SAWS 7).

☐ You have chosen a provider who is not licensed and who must apply for Trustline registration. Payments for child care with this provider will be stopped on \_\_\_\_\_ unless the County gets proof that your provider has applied for Trustline registration. You will get no further notice.

**Rules:** These rules apply. You may review them at your welfare office. MPP 89-701, 89-710, 89-715.1 & .6, 89-720, 89-725.1, .11, .12, .13, & .2, & 89-730.421

Child's Name: \_\_\_\_\_  
Provider's Name: \_\_\_\_\_  
Your child care costs \$ \_\_\_\_\_  
Your payment limit \$ \_\_\_\_\_  
CAAP payment \$ \_\_\_\_\_

Child's Name: \_\_\_\_\_  
Provider's Name: \_\_\_\_\_  
Your child care costs \$ \_\_\_\_\_  
Your payment limit \$ \_\_\_\_\_  
CAAP payment \$ \_\_\_\_\_

Child's Name: \_\_\_\_\_  
Provider's Name: \_\_\_\_\_  
Your child care costs \$ \_\_\_\_\_  
Your payment limit \$ \_\_\_\_\_  
CAAP payment \$ \_\_\_\_\_

Child's Name: \_\_\_\_\_  
Provider's Name: \_\_\_\_\_  
Your child care costs \$ \_\_\_\_\_  
Your payment limit \$ \_\_\_\_\_  
CAAP payment \$ \_\_\_\_\_

Subtotal of CAAP payments \$ \_\_\_\_\_

Adjustment to collect overpayment, if applicable - \$ \_\_\_\_\_

**TOTAL MONTHLY CAAP PAYMENT** =\$ \_\_\_\_\_

State of California  
Department of Social Services

Manual Msg. No: NA 111B  
Action: Approval  
Reason: CAAP Eligible  
Title: AFDC Recipient  
Eligible for CAAP  
Program and  
Retrospective  
Payment

Auto ID No. :  
Source : CAAP  
Regulation Cite: MPP 89-701,  
89-710, 89-715.1, .6, 89-720,  
89-725.1, .11, .12, .13, .2,  
89-730.421

Form No.:  
Effective Date: 9/95  
Revision Date:

MESSAGE:

Your AFDC cash aid will stop as of \_\_\_\_\_ and  
your California Alternative Assistance Program (CAAP) will start  
as of \_\_\_\_\_. Your monthly CAAP payment has  
been approved for the limit of \$\_\_\_\_\_.

The County will only pay child care for days and hours you were  
working and only up to a payment limit set by the State of  
California. The payment limit is based on the child's age, the  
type of care, whether the child care is provided full-time or  
part-time, the child care provider's location, and whether the  
child has special needs.

If you change your child care provider or your work hours, the  
payment limits listed on this notice may change. Tell your  
worker immediately about any changes.

The CAAP payment is what you paid for your child care or the  
payment limit, whichever is less.

Both your CAAP payment amount and your CAAP payment limit(s) for  
each child(ren) are figured on this notice.

You must turn in a complete Monthly Eligibility Report  
(CA 7/SAWS 7) and Monthly Child Care Eligibility Report (SCC 6)  
no later than the 11th of the month in order to get a CAAP  
payment or your payment will be late, denied, or stopped.

If you want cash aid instead of a CAAP payment, you must write  
this on the Monthly Eligibility Report (CA 7/SAWS 7).

[ ] You have chosen a provider who is not licensed and who must  
apply for Trustline registration. Payments for child care  
with this provider will be stopped on \_\_\_\_\_ unless the  
Date

County gets proof that your provider has applied for  
Trustline registration. You will get no further notice.

	A	B	C
Child's Name:	_____	_____	_____
Provider's Name:	_____	_____	_____
Your child care costs	\$_____	\$_____	\$_____
Your payment limit	\$_____	\$_____	\$_____
CAAP payment	\$_____	\$_____	\$_____
Subtotal of CAAP payments	\$_____		
Adjustment to collect overpayment, if applicable	-\$_____		
<b>TOTAL MONTHLY CAAP PAYMENT</b>	<b>=\$_____</b>		

#### INSTRUCTIONS FOR NA 111B

Use to approve CAAP eligibility and a retrospective payment for an AFDC recipient who has chosen to decline AFDC cash aid in lieu of CAAP child care payments and Medi-Cal benefits. This NOA is also used to explain what the payment and payment limit are based on and to show how the computation is made.

Enter the date that the CAAP participant's AFDC cash aid stops and the date CAAP begins.

Enter the approved maximum CAAP payment limit.

Check the appropriate box when the CAAP participant has chosen a child care provider who is not licensed and who must apply for Trustline registration. Enter the date that you will stop child care payments unless you get proof that the exempt provider has applied for Trustline registration. This is the only NOA necessary if the provider does not register.

Fill in the names of the eligible child(ren) and the eligible child care provider(s).

Complete the applicable computation(s) and show the child care costs, payment limit, CAAP payment amount for each child, subtotal, overpayment adjustment, and the total monthly CAAP payment.

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

Your payment for the California Alternative Assistance Program (CAAP) for the month of \_\_\_\_\_ has been approved in the amount of \$ \_\_\_\_\_.

The County will only pay child care for days and hours you were working and only up to a payment limit set by the State of California. The payment limit is based on the child's age, the type of care, whether the child care is provided full-time or part-time, the child care provider's location, and whether the child has special needs.

If you change your child care provider or your work hours, the payment limits listed on this notice may change. Tell your worker immediately about any changes.

The CAAP payment is what you paid for your child care or the payment limit, whichever is less.

Both your CAAP payment amount and your CAAP payment limit(s) for each child(ren) are figured on this notice.

You must turn in a complete Monthly Eligibility Report (CA 7/SAWS 7) and Monthly Child Care Eligibility Report (SCC 6) no later than the 11th of the month in order to get a CAAP payment or your payment will be late, denied, or stopped.

If you want cash aid instead of a CAAP payment, you must write this on the Monthly Eligibility Report (CA 7/SAWS 7).

- ☐ You have chosen a provider who is not licensed and who must apply for Trustline registration. Payments for child care with this provider will be stopped on \_\_\_\_\_ unless the County gets proof that your provider has applied for Trustline registration. You will get no further notice.

**Rules:** These rules apply. You may review them at your welfare office. MPP 89-710.15, 89-715.1 & .6, 89-720, 89-725.1, .11, .12, .13, & .2, & 89-730.36.

Child's Name: \_\_\_\_\_  
Provider's Name: \_\_\_\_\_  
Your child care costs \$ \_\_\_\_\_  
Your payment limit \$ \_\_\_\_\_  
CAAP payment \$ \_\_\_\_\_

Child's Name: \_\_\_\_\_  
Provider's Name: \_\_\_\_\_  
Your child care costs \$ \_\_\_\_\_  
Your payment limit \$ \_\_\_\_\_  
CAAP payment \$ \_\_\_\_\_

Child's Name: \_\_\_\_\_  
Provider's Name: \_\_\_\_\_  
Your child care costs \$ \_\_\_\_\_  
Your payment limit \$ \_\_\_\_\_  
CAAP payment \$ \_\_\_\_\_

Child's Name: \_\_\_\_\_  
Provider's Name: \_\_\_\_\_  
Your child care costs \$ \_\_\_\_\_  
Your payment limit \$ \_\_\_\_\_  
CAAP payment \$ \_\_\_\_\_

Subtotal of CAAP payments \$ \_\_\_\_\_

Adjustment to collect overpayment, if applicable - \$ \_\_\_\_\_

**TOTAL MONTHLY CAAP PAYMENT** =\$ \_\_\_\_\_



State of California  
Department of Social Services

Manual Msg. No: NA 111C  
Action: Approval  
Reason: CAAP Payment  
Approval  
Title: CAAP Payment  
Approval or  
Restore a CAAP  
Payment

Auto ID No. :  
Source : CAAP  
Regulation Cite: MPP 89-710.15,  
89-715.1, .6, 89-720, 89-725.1,  
.11, .12, .13, .2, 89-730.36

Form No.:  
Effective Date:  
Revision Date: 9/95

MESSAGE:

Your payment for the California Alternative Assistance Program (CAAP) for the month of \_\_\_\_\_ has been approved in the amount of \$\_\_\_\_\_.

The County will only pay child care for days and hours you were working and only up to a payment limit set by the State of California. The payment limit is based on the child's age, the type of care, whether the child care is provided full-time or part-time, the child care provider's location, and whether the child has special needs.

If you change your child care provider or your work hours, the payment limits listed on this notice may change. Tell your worker immediately about any changes.

The CAAP payment is what you paid for your child care or the payment limit, whichever is less.

Both your CAAP payment amount and your CAAP payment limit(s) for each child(ren) are figured on this notice.

You must turn in a complete Monthly Eligibility Report (CA 7/SAWS 7) and Monthly Child Care Eligibility Report (SCC 6) no later than the 11th of the month in order to get a CAAP payment or your payment will be late, denied, or stopped.

If you want cash aid instead of a CAAP payment, you must write this on the Monthly Eligibility Report (CA 7/SAWS 7).

[ ] You have chosen a provider who is not licensed and who must apply for Trustline registration. Payments for child care with this provider will be stopped on \_\_\_\_\_ unless the  
Date  
County gets proof that your provider has applied for Trustline registration. You will get no further notice.

	A	B	C
Child's Name:	_____	_____	_____
Provider's Name:	_____	_____	_____
Your child care costs	\$ _____	\$ _____	\$ _____
Your payment limit	\$ _____	\$ _____	\$ _____
CAAP payment	\$ _____	\$ _____	\$ _____
Subtotal of CAAP payments	\$ _____		
Adjustment to collect overpayment, if applicable	-\$ _____		
<b>TOTAL MONTHLY CAAP PAYMENT</b>	<b>= \$ _____</b>		

#### INSTRUCTIONS FOR NA 111C

Use to approve the monthly CAAP payment for a specified amount and to restore a CAAP payment if a denial is rescinded. This NOA explains the payment and payment limit. This NOA is for counties using SAWS or other systems that send a NOA approving the CAAP payment each month. SAWS counties may also use the NA 111C for a change in the CAAP payment limit or they may opt to use the NA 116.2.

Fill in the month the CAAP payment has been approved and the amount of the payment.

Check the box if the CAAP participant has chosen a child care provider who is not licensed and who must apply for Trustline registration. Enter the date that you will stop child care payments unless you get proof that the exempt provider has applied for Trustline registration. This is the only NOA necessary if the provider does not register.

Fill in the names of the eligible child(ren) and the eligible child care provider(s).

Complete the applicable computation(s) and show the child care costs, payment limit, CAAP payment amount for each child, subtotal, overpayment adjustment, and the total monthly CAAP payment.

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

Your California Alternative Assistance Program (CAAP) payment for the month of \_\_\_\_\_ has been approved for the amount of \$ \_\_\_\_\_. This amount is less than you asked for.

## HERE'S WHY:

- ☐ Your child(ren), \_\_\_\_\_, is/are no longer eligible.
  - ☐ Your child is not in your AFDC assistance unit or getting federal foster care or Supplemental Security Income/State Supplementary Payment (SSI/SSP); or
  - ☐ Your child is 13 or more years old (which is over the age the County can pay for) and is not disabled or under court supervision; or
  - ☐ You have not given your worker proof that shows your child has a physical or mental condition that requires special care.
- ☐ Your child care provider(s), \_\_\_\_\_, is/are not eligible.
  - ☐ Your child care provider is not 18 years of age or older; or
  - ☐ Your child care provider is your child's parent, legal guardian, or a member of your AFDC assistance unit; or
  - ☐ Your child care provider does not have a child day care license and needs a license; or
  - ☐ Your child care provider has not filled out Part B on the SCC 6 and/or signed the SCC 6.
- ☐ Your unlicensed child care provider(s), \_\_\_\_\_, is/are not eligible.
  - ☐ Your unlicensed child care provider had his/her application for Trustline denied.
  - ☐ Your unlicensed child care provider had his/her Trustline registration status revoked.
  - ☐ Your unlicensed child care provider had his/her Trustline registration case closed.
- ☐ You did not fill in the information on your Monthly Child Care Eligibility Report (SCC 6) for your eligible child(ren), \_\_\_\_\_.
- ☐ You did not give your worker a separate SCC 6, Part B, for your child care provider(s), \_\_\_\_\_.

**Rules:** These rules apply. You may review them at your welfare office: MPP 89-710.13, .14, & .151, 89-715.1, .2, & .3, 89-720, 89-725.1, .11, .12, & .2, 89-730.342, .35, .36, & .7.

Child's Name: .....	_____
Provider's Name: .....	_____
Your child care costs .	\$ _____
Your payment limit ..	\$ _____
CAAP payment (lesser of two above)	\$ _____
Child's Name: .....	_____
Provider's Name: .....	_____
Your child care costs .	\$ _____
Your payment limit ..	\$ _____
CAAP payment (lesser of two above)	\$ _____
Child's Name: .....	_____
Provider's Name: .....	_____
Your child care costs .	\$ _____
Your payment limit ..	\$ _____
CAAP payment (lesser of two above)	\$ _____

Subtotal of CAAP payments .... \$ \_\_\_\_\_

Adjustment to collect  
overpayment, if applicable ... -\$ \_\_\_\_\_

**TOTAL MONTHLY CAAP  
PAYMENT** ..... =\$ \_\_\_\_\_

# NOTICE OF ACTION

(Continued)

COUNTY OF

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case : \_\_\_\_\_  
Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker : \_\_\_\_\_  
Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

- ☐ You used more than one child care provider for the same time period for the same child, but only one provider can get a payment. You can only get a payment for a second child care provider when your first provider cannot care for your child because of an emergency.
- ☐ All of the child care hours you listed this month for your child(ren), \_\_\_\_\_, were not related to your work or travel hours and the County cannot pay all of your child care costs.
- ☐ Other

The County will only pay child care for days and hours related to your work hours and only up to a payment limit set by the State of California. The CAAP payment limit is based on the child's age, the type of care, whether the child care is provided full-time or part-time, the child care provider's location, and whether the child has special needs.

YOU MUST TELL THE COUNTY BEFORE YOU CHANGE CHILD CARE PROVIDERS OR THE COUNTY MAY NOT BE ABLE TO APPROVE AND PAY THE NEW PROVIDER. If you change your child care provider or your work hours, the payment limits on this notice may change. Tell your worker immediately of any changes.

You must turn in a complete Monthly Eligibility Report (CA 7/SAWS 7) and Monthly Child Care Eligibility Report (SCC 6) no later than the 11th of the month in order to get a CAAP payment or your payment will be late, denied, or stopped.

Your CAAP payment is what you paid for your child care or the payment limit, whichever is less.

Both your CAAP payment amount and your CAAP payment limit(s) for each child(ren) are figured on this notice.

**Rules:** These rules apply. You may review them at your welfare office: MPP 89-710.13, .14, & .151, 89-715.1, .2, & .3, 89-720, 89-725.1, .11, .12, & .2, 89-730.342, .35, 36, & .7.

State of California  
Department of Social Services

Manual Msg. No: NA 112.2  
Action: Partial Approval  
Reason: Denial of Part of  
a CAAP Payment  
Title: Denial of Part of  
a CAAP Payment

Auto ID No. :  
Source : CAAP  
Regulation Cite: MPP 89-710.13,  
.14, .151, 89-715.1 - .3,  
89-720, 89-725.1, .11, .12, .2,  
89-730.342, .35, .36, .7

Form No.:  
Effective Date:  
Revision Date: 9/95

MESSAGE:

Your California Alternative Assistance Program (CAAP) payment for the month of \_\_\_\_\_ has been approved for the amount of \$ \_\_\_\_\_. This amount is less than you asked for.

HERE'S WHY:

- ☐ Your child(ren), \_\_\_\_\_, is/are no longer eligible.
- ☐ Your child is not in your AFDC assistance unit or getting federal foster care or Supplemental Security Income/State Supplementary Payment (SSI/SSP); or
- ☐ Your child is 13 or more years old (which is over the age the County can pay for) and is not disabled or under court supervision; or
- ☐ You have not given your worker proof that shows your child has a physical or mental condition that requires special care.
- ☐ Your child care provider(s), \_\_\_\_\_, is/are not eligible.
- ☐ Your child care provider is not 18 years of age or older; or
- ☐ Your child care provider is your child's parent, legal guardian, or a member of your AFDC assistance unit; or
- ☐ Your child care provider does not have a child day care license and needs a license; or
- ☐ Your child care provider has not filled out Part B on the SCC 6 and/or signed the SCC 6.

- ☐ Your unlicensed child care provider(s), \_\_\_\_\_, is/are not eligible.
- ☐ Your unlicensed child care provider had his/her application for Trustline denied.
- ☐ Your unlicensed child care provider had his/her Trustline registration status revoked.
- ☐ Your unlicensed child care provider had his/her Trustline registration case closed.
- ☐ You did not fill in the information on your Monthly Child Care Eligibility Report (SCC 6) for your eligible child(ren), \_\_\_\_\_.
- ☐ You did not give your worker a separate SCC 6, Part B, for your child care provider(s), \_\_\_\_\_.
- ☐ You used more than one child care provider for the same time period for the same child, but only one provider can get a payment. You can only get a payment for a second child care provider when your first provider cannot care for your child because of an emergency.
- ☐ All of the child care hours you listed this month for your child(ren), \_\_\_\_\_, were not related to your work or travel hours and the County cannot pay all of your child care costs.
- ☐ Other

The County will only pay child care for days and hours related to your work hours and only up to a payment limit set by the State of California. The CAAP payment limit is based on the child's age, the type of care, whether the child care is provided full-time or part-time, the child care provider's location, and whether the child has special needs.

YOU MUST TELL THE COUNTY BEFORE YOU CHANGE CHILD CARE PROVIDERS OR THE COUNTY MAY NOT BE ABLE TO APPROVE AND PAY THE NEW PROVIDER. If you change your child care provider or your work hours, the payment limits on this notice may change. Tell your worker immediately of any changes.

You must turn in a complete Monthly Eligibility Report (CA 7/SAWS 7) and Monthly Child Care Eligibility Report (SCC 6) no later than the 11th of the month in order to get a CAAP payment or your payment will be late, denied, or stopped.

Your CAAP payment is what you paid for your child care or the payment limit, whichever is less.

Both your CAAP payment amount and your CAAP payment limit(s) for each child(ren) are figured on this notice.

	A	B	C
Child's Name:	_____	_____	_____
Provider's Name:	_____	_____	_____
Your child care costs	\$ _____	\$ _____	\$ _____
Your payment limit	\$ _____	\$ _____	\$ _____
CAAP payment (lesser of two above)	\$ _____	\$ _____	\$ _____
Subtotal of CAAP payments	\$ _____		
Adjustment to collect overpayment, if applicable	-\$ _____		
<b>TOTAL MONTHLY CAAP PAYMENT</b>	<b>= \$ _____</b>		

#### INSTRUCTIONS FOR NA 112.2

Use too deny part of a CAAP payment when the CAAP family consists of more than one child and one of the children is not eligible or there is more than one child care provider and one of the providers is not eligible.

Enter the month that a partial CAAP payment was approved and the amount of the CAAP payment.

Check the appropriate box(es) that give(s) the reason(s) why the full amount requested by the CAAP participant for his/her child care costs is less than he/she asked for.

Enter the name(s) of the child(ren) and/or the provider(s) for whom the CAAP participant was denied a CAAP payment.

When checking the "Other" box, specify the reason for the action.

Fill in the names of the eligible child(ren) and the eligible child care provider(s).

Complete the applicable computation(s) and show the child care costs, the payment limit, the CAAP payment amount for each child, the subtotal, the overpayment adjustment, and the total monthly CAAP payment.

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

As of \_\_\_\_\_ the County is stopping your California Alternative Assistance Program (CAAP) payments.

## HERE'S WHY:

- ☐ The County did not get your Monthly Child Care Eligibility Report (SCC 6).
- ☐ The Monthly Child Care Eligibility Report (SCC 6) that the County got from you this month is not complete for any of your eligible children and their child care providers.
  - ☐ You must complete the circled items on the enclosed SCC 6 and send or bring it to your worker.
  - ☐ You must complete the following items checked below and send or bring in the information to your worker:
    - ☐ You did not write your name and/or case name, phone number(s), and/or address.
    - ☐ You did not list the number of hours you worked each day in the month and/or the month/year of the payment request.
    - ☐ You did not list your normal work hours.
    - ☐ You did not tell us the hours and minutes each day it takes you to go to and from the child care provider and where you go to work.
    - ☐ You did not list your child(ren), the birthdate and/or age of each child, the provider's name, the amount owed, and/or the amount paid.
    - ☐ You did not tell us if your child care provider has changed since you last asked for a child care payment. If you have a new provider, your new provider must be approved before you can get a payment.
    - ☐ You did not have a separate Part B on the SCC 6 filled out by each of your child care providers.
    - ☐ You did not sign and/or date the form.
    - ☐ Your child care provider did not write his/her name or facility name, phone number(s), and/or address(es).
    - ☐ Your child care provider did not check a box showing where he/she gives child care and/or enter the month and year care was given.

- ☐ Your child care provider did not complete all the information in the columns by each child's name, in Part B, including: the amount paid per child; the date he/she was paid; the rate charged, and/or if he/she charges hourly, daily, weekly, or monthly.
- ☐ Your child care provider did not list the number of hours he/she gave child care for each child for each day of the month.
- ☐ Your child care provider did not check the box to show whether he/she is a licensed child care provider or to certify that he/she does not need a child day care license.
- ☐ Your child care provider, if licensed, did not fill in his/her license number.
- ☐ Your child care provider, if unlicensed, did not check one of the four boxes to certify why he/she does not need a child day care license.
- ☐ Your child care provider, if related to the child, did not fill in his/her relationship with each child.
- ☐ Your child care provider did not sign and/or date the form.
- ☐ Other.

TO STOP THIS ACTION, THE COUNTY MUST GET YOUR COMPLETE SCC 6 REPORT NO LATER THAN THE FIRST WORKING DAY OF NEXT MONTH. If you have a good reason for being late, tell your worker the reason and you may be able to stop this action.

If you want cash aid instead of a CAAP payment, you must write this on the Monthly Eligibility Report (CA 7/SAWS 7).

You will get another notice about your AFDC and Medi-Cal. DO NOT THROW YOUR PLASTIC ID CARD AWAY. You will be able to use it again if you remain eligible for Medi-Cal.

After your CAAP payments stop, you may be able to get help from the Transitional Child Care (TCC) program for 12 months if you still pay for child care while you work. You may also be able to get help from the Transitional Medi-Cal (TMC) program. To get these benefits, you must ask for them. You can ask your worker.

In addition, you may be able to get help from the At Risk Child Care Program to pay for your child care if you work and:

- You do not get AFDC, and
- You have low income, and
- You need the child care to keep working, and
- You have used all your Transitional Child Care (TCC) benefits.

Call your Alternative Payment Program or 1-800-998-9114 for more information about the At Risk Child Care Program.

**Rules:** These rules apply. You may review them at your welfare office: MPP 89-710.145 & .151, 89-725.1, .11, .13, & .2, 89-730.212, .331, .35, .36, .38, .516, & .52, 40-173, & 47-120.



State of California  
Department of Social Services

Manual Msg. No: NA 113.2  
Action: Discontinuance  
Reason: CAAP Ineligible  
Title: Late/Incomplete  
SCC 6

Auto ID No. :  
Source : CAAP  
Regulation Cite: MPP 89-710.145,  
.151, 89-725.1, .11, .13, .2,  
89-730.212, .331, .35, .36, .38,  
.516, .52, 40-173, 47-120

Form No.:  
Effective Date:  
Revision Date: 9/95

MESSAGE:

As of \_\_\_\_\_ the County is stopping your California  
Alternative Assistance Program (CAAP) payments.

HERE'S WHY:

- ☐ The County did not get your Monthly Child Care Eligibility Report (SCC 6).
- ☐ The Monthly Child Care Eligibility Report (SCC 6) that the County got from you this month is not complete for any of your eligible children and their child care providers.
  - ☐ You must complete the circled items on the enclosed SCC 6 and send or bring it to your worker.
  - ☐ You must complete the following items checked below and send or bring in the information to your worker:
    - ☐ You did not write your name and/or case name, phone number(s), and/or address.
    - ☐ You did not list the number of hours you worked each day in the month and/or the month/year of the payment request.
    - ☐ You did not list your normal work hours.
    - ☐ You did not tell us the hours and minutes each day it takes you to go to and from the child care provider and where you go to work.
    - ☐ You did not list your child(ren), the birthdate and/or age of each child, the provider's name, the amount owed, and/or the amount paid.
    - ☐ You did not tell us if your child care provider has changed since you last asked for a child care payment. If you have a new provider, your new provider must be approved before you can get a payment.

- ☐ You did not have a separate Part B on the SCC 6 filled out by each of your child care providers.
- ☐ You did not sign and/or date the form.
- ☐ Your child care provider did not write his/her name or facility name, phone number(s), and/or address(es).
- ☐ Your child care provider did not check a box showing where he/she gives child care and/or enter the month and year care was given.
- ☐ Your child care provider did not complete all the information in the columns by each child's name, that he/she filled in, including: the amount paid per child; the date he/she was paid; the rate charged, and/or if he/she charges hourly, daily, weekly, or monthly.
- ☐ Your child care provider did not list the number of hours he/she gave child care for each child for each day of the month.
- ☐ Your child care provider did not check the box to show whether he/she is a licensed child care provider or to certify that he/she does not need a child day care license.
- ☐ Your child care provider, if licensed, did not fill in his/her license number.
- ☐ Your child care provider, if unlicensed, did not check one of the four boxes to certify why he/she does not need a child day care license.
- ☐ Your child care provider, if related to the child, did not fill in his/her relationship with each child.
- ☐ Your child care provider did not sign and/or date the form.
- ☐ Other

TO STOP THIS ACTION, THE COUNTY MUST GET YOUR COMPLETE SCC 6 REPORT NO LATER THAN THE FIRST WORKING DAY OF NEXT MONTH. If you have a good reason for being late, tell your worker the reason and you may be able to stop this action.

If you want cash aid instead of a CAAP payment, you must write this on the Monthly Eligibility Report (CA 7/SAWS 7).

You will get another notice about your AFDC and Medi-Cal. DO NOT THROW YOUR PLASTIC ID CARD AWAY. You will be able to use it again if you remain eligible for Medi-Cal.

After your CAAP payments stop, you may be able to get help from the Transitional Child Care (TCC) program for 12 months if you still pay for child care while you work. You may also be able to get help from the Transitional Medi-Cal (TMC) program. To get these benefits, you must ask for them. You can ask your worker.

In addition, you may be able to get help from the At Risk Child Care Program to pay for your child care if you work and:

- You do not get AFDC, and
- You have low income, and
- You need the child care to keep working, and
- You have used all your Transitional Child Care (TCC) benefits.

Call your Alternative Payment Program or 1-800-998-9114 for more information about the At Risk Child Care Program.

#### INSTRUCTIONS FOR NA 113.2

Use to discontinue CAAP eligibility due to a missing Monthly Child Care Eligibility Report (SCC 6) or if the SCC 6 is not complete for any of the CAAP participant's eligible children and their child care providers. However, if the SCC 6 is complete for at least one eligible child and his/her eligible provider, but not complete for all eligible children and their providers, then the county would deny part of the CAAP payment and use the NA 112.2.

The NA 113.2 lists the missing or incomplete items that the CAAP participant must complete. The NOA also tells how the CAAP participant can stop the CAAP discontinuance and provides general information. An AFDC discontinuance NOA is also required and must be sent out at the same time as this NOA.

Enter the effective date of the CAAP discontinuance.

Check the box indicating whether the SCC 6 has not been received or whether it is incomplete.

If the SCC 6 is incomplete, check the box to show if you are returning it to the CAAP participant with the incomplete item(s) circled along with the NA 113.2 or whether you are returning the NA 113.2 with the box(es) checked to indicate the item(s) that must be completed.

If you are not returning the SCC 6, check the appropriate box(es) that give the reason(s) why the SCC 6 is incomplete.

When checking the "Other" box, specify what is incomplete.

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

Your California Alternative Assistance Program (CAAP) payment for the month of \_\_\_\_\_ has been denied for one month.

## HERE'S WHY:

- ☐ You do not meet the rules to get AFDC cash aid because your case is in suspension for one month; therefore, you do not meet the rules to get a CAAP payment. A CAAP participant must meet the rules of the AFDC program.

You will get a separate AFDC notice that will tell you the reason your case is in suspension.

You do not have to reapply for CAAP/AFDC for the month following the month your payment was in suspense, but you must fill out a CA 7/SAWS 7 and an SCC 6 for the month your CAAP payment was suspended. If you do not meet the AFDC rules for more than one month, then CAAP will stop.

**Rules:** These rules apply. You may review them at your welfare office: MPP 89-730.341, 44-315.8.

State of California  
Department of Social Services

Manual Msg. No: NA 114  
Action: Suspend  
Reason: Not Eligible  
For an AFDC  
Grant  
Title: Deny Entire CAAP  
Payment

Auto ID No. :  
Source : CAAP  
Regulation Cite: MPP 89-730.341  
44-315.8

Form No.:  
Effective Date: 9/95  
Revision Date:

MESSAGE:

Your California Alternative Assistance Program (CAAP) payment for the month of \_\_\_\_\_ has been denied for one month.

HERE'S WHY:

[ ] You do not meet the rules to get AFDC cash aid because your case is in suspension for one month; therefore, you do not meet the rules to get a CAAP payment. A CAAP participant must meet the rules of the AFDC program.

You will get a separate AFDC notice that will tell you the reason your case is in suspension.

You do not have to reapply for CAAP or AFDC for the month following the month your payment was in suspense, but you must fill out a CA 7/SAWS 7 and an SCC 6 for the month your CAAP payment was suspended. If you do not meet the AFDC rules for more than one month, then CAAP will stop.

INSTRUCTIONS FOR NA 114

Use to deny the CAAP payment for one month when the CAAP participant is not eligible for an AFDC grant because the case is in suspension.

Enter the month that the CAAP payment is denied and check the box that provides the reason.

Send a separate AFDC suspense notice to explain the reason the case is in suspension.

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

As of \_\_\_\_\_, the County is stopping your California Alternative Assistance Program (CAAP).

## HERE'S WHY:

- ☐ You wrote on your CA 7/SAWS 7 that you no longer want CAAP and you want to get an AFDC payment.
- ☐ You are no longer eligible for CAAP.
  - ☐ You are no longer in the assistance unit (AU).
  - ☐ You are no longer eligible for AFDC.
  - ☐ You are not working.
  - ☐ You do not need child care to work.
- ☐ You no longer have an eligible child living with you.
  - ☐ Your child is not in your AFDC assistance unit or getting federal foster care or Supplemental Security Income/State Supplementary Payment (SSI/SSP); or
  - ☐ Your child is 13 or more years old (which is over the age the County can pay for) and is not disabled or under court supervision; or
  - ☐ You have not given your worker proof that shows your child has a physical or mental condition that requires special care.
- ☐ You no longer have an eligible child care provider for any of your eligible children.
  - ☐ Your child care provider is not 18 years of age or older; or

**Rules:** These rules apply. You may review them at your welfare office: MPP 89-710.1, .11, .13, & .14, 89-725.13, 89-730.33, .35, .36, .38, .422, & .7, & 47-120.

- ☐ Your child care provider is your child's parent, legal guardian, or a member of your AFDC assistance unit; or
- ☐ Your child care provider does not have a child day care license and needs a license.
- ☐ Your unlicensed child care provider had his/her application for Trustline denied.
- ☐ Your unlicensed child care provider had his/her Trustline registration status revoked.
- ☐ Your unlicensed child care provider had his/her Trustline registration case closed.
- ☐ Other:

You can call your worker if you think this notice is wrong.

If you are no longer eligible for AFDC, you will get another notice about your AFDC and Medi-Cal. **DO NOT THROW YOUR PLASTIC MEDI-CAL ID CARD AWAY.**

After your CAAP payments stop, you may be able to get help from the Transitional Child Care (TCC) program for 12 months if you still pay for child care while you work. You may also be able to get help from the Transitional Medi-Cal (TMC) program. To get these benefits, you must ask for them. You can ask your worker.

In addition, you may be able to get help from the At Risk Child Care Program to pay for your child care if you work and:

- You do not get AFDC, and
- You have low income, and
- You need the child care to keep working, and
- You have used all your Transitional Child Care (TCC) benefits.

Call your Alternative Payment Program or 1-800-998-9114 for more information about the At Risk Child Care Program.

State of California  
Department of Social Services

Manual Msg. No: NA 115.2  
Action: Discontinuance  
Reason: CAAP Ineligible  
Title: Discontinue CAAP  
Form No.:

Auto ID No. :  
Source : CAAP  
Regulation Cite: MPP 89-710.1, .11, .13, .14, 89-725.13,  
89-730.33, .35, .36, .38,  
.422, .7, 47-120  
Effective Date: 9/95  
Revision Date:

MESSAGE:

As of \_\_\_\_\_, the County is stopping your California  
Alternative Assistance Program (CAAP).

HERE'S WHY:

- ☐ You wrote on your CA 7/SAWS 7 that you no longer want CAAP and you want to get an AFDC payment.
- ☐ You are no longer eligible for CAAP.
  - ☐ You are no longer in the assistance unit (AU).
  - ☐ You are no longer eligible for AFDC.
  - ☐ You are not working.
  - ☐ You do not need child care to work.
- ☐ You no longer have an eligible child living with you.
  - ☐ Your child is not in your AFDC assistance unit or getting federal foster care of Supplemental Security Income/State Supplementary Payment (SSI/SSP); or
  - ☐ Your child is 13 or more years old (which is over the age the County can pay for) and is not disabled or under court supervision; or
  - ☐ You have not given your worker proof that shows your child has a physical or mental condition that requires special care.
- ☐ You no longer have an eligible child care provider for any of your eligible children.
  - ☐ Your child care provider is not 18 years of age or older; or
  - ☐ Your child care provider is your child's parent, legal guardian, or a member of your AFDC assistance unit; or

- ☐ Your child care provider does not have a child day care license and needs a license.
- ☐ Your unlicensed child care provider had his/her application for Trustline denied.
- ☐ Your unlicensed child care provider had his/her Trustline registration status revoked.
- ☐ Your unlicensed child care provider had his/her Trustline registration case closed.

☐ Other:

You can call your worker if you think this notice is wrong.

If you are no longer eligible for AFDC, you will get another notice about your AFDC and Medi-Cal. DO NOT THROW YOUR PLASTIC MEDI-CAL ID CARD AWAY.

After your CAAP payments stop, you may be able to get help from the Transitional Child Care (TCC) program for 12 months if you still pay for child care while you work. You may also be able to get help from the Transitional Medi-Cal (TMC) program. To get these benefits, you must ask for them. You can ask your worker.

In addition, you may be able to get help from the At Risk Child Care Program to pay for your child care if you work and:

- You do not get AFDC, and
- You have low income, and
- You need the child care to keep working, and
- You have used all your Transitional Child Care (TCC) benefits.

Call your Alternative Payment Program or 1-800-998-9114 for more information about the At Risk Child Care Program.

### INSTRUCTIONS FOR NA 115.2

Use to discontinue CAAP eligibility when the CAAP participant, all of the children in the CAAP family, and/or all of the child care providers for the eligible children no longer meet(s) the eligibility criteria. The NA 115.2 is also used when the CAAP participant writes on his/her Monthly Eligibility Report (CA 7/SAWS 7) that he/she wants cash aid instead of CAAP.

Enter the month you are discontinuing CAAP.

Check the appropriate box(es) that provide(s) the reason(s) for the discontinuance.



When checking the "Other" box, specify the reason for the action.

NOTE: An AFDC discontinuance NOA is required if the CAAP participant is discontinued, but did not request on the CA 7/SAWS 7 to stop CAAP and to get an AFDC payment. The CAAP Agreement specifies that the CAAP participant must reapply for AFDC when he/she is discontinued from CAAP.

However, if the CAAP participant indicates on his/her CA 7/SAWS 7 in a timely manner that he/she no longer wants CAAP and wants to receive AFDC cash aid, then the CAAP participant will not be discontinued from AFDC. He/she will receive a final CAAP payment, the CAAP Agreement will be rescinded, and the CAAP participant will continue in retrospective budgeting and his/her cash aid will be provided accordingly.

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

As of \_\_\_\_\_ the County has changed the amount of your California Alternative Assistance Program (CAAP) payment limit.

## HERE'S WHY:

- ☐ Your child's child care provider has changed.
- ☐ Your child's age has changed.
- ☐ Your child has a change in the hours of care.
- ☐ Your child care provider's location changed.
- ☐ You have a child with special needs.
- ☐ The CAAP payment limit set by the State of California has changed.
- ☐ Other:

The County will only pay child care for days and hours you are working. If your child care costs are less than your payment limit, the County will pay the lower amount.

The payment limits change based on the child's age. The payment limits are different for children under 2 years, for children 2-5 years, and for children 6+ years.

YOU MUST TELL THE COUNTY BEFORE YOU CHANGE CHILD CARE PROVIDERS OR THE COUNTY MAY NOT BE ABLE TO APPROVE AND PAY THE NEW PROVIDER. If you change your child care provider or your work hours, the payment limit(s) on this notice may change. Tell your worker immediately of any changes.

The payment limit for the child(ren) not listed here stays the same.

**Rules:** These rules apply. You may review them at your welfare office: MPP 89-715.1, .2, and .3, 89-720.1, and 89-725.2.

The most the County will pay for each eligible child and eligible child care provider is:

Child's Name: \_\_\_\_\_

Provider's Name: \_\_\_\_\_

Payment Limit: \$ \_\_\_\_\_ per \_\_\_\_\_

Child's Name: \_\_\_\_\_

Provider's Name: \_\_\_\_\_

Payment Limit: \$ \_\_\_\_\_ per \_\_\_\_\_

Child's Name: \_\_\_\_\_

Provider's Name: \_\_\_\_\_

Payment Limit: \$ \_\_\_\_\_ per \_\_\_\_\_

Child's Name: \_\_\_\_\_

Provider's Name: \_\_\_\_\_

Payment Limit: \$ \_\_\_\_\_ per \_\_\_\_\_

State of California  
Department of Social Services

Manual Msg. No: NA 116.2  
Action: Change  
Reason: CAAP Eligible  
Title: Change in CAAP  
Payment Limit

Auto ID No. :  
Source : CAAP  
Regulation Cite: MPP 89-715.1,  
.2, .3, 89-720.1,  
89-725.2.

Form No.:  
Effective Date:  
Revision Date: 9/95

MESSAGE:

As of \_\_\_\_\_ the County has changed the amount of your California Alternative Assistance Program (CAAP) payment limit.

HERE'S WHY:

- ☐ Your child's child care provider has changed.
- ☐ Your child's age has changed.
- ☐ Your child has a change in the hours of care.
- ☐ Your child care provider's location changed.
- ☐ You have a child with special needs.
- ☐ The CAAP payment limit set by the State of California has changed.
- ☐ Other:

The County will only pay child care for days and hours you are working. If your child care costs are less than your payment limit, the County will pay the lower amount.

The payment limits change based on the child's age. The payment limits are different for children under 2 years, for children 2-5 years, and for children 6+ years.

YOU MUST TELL THE COUNTY BEFORE YOU CHANGE CHILD CARE PROVIDERS OR THE COUNTY MAY NOT BE ABLE TO APPROVE AND PAY THE NEW PROVIDER. If you change your child care provider or your work hours, the payment limit(s) on this notice may change. Tell your worker immediately of any changes.

The payment limit for the child(ren) not listed here stays the same.

The most the County will pay for each eligible child and eligible child care provider is:

Child's Name:	Provider's Name:	Payment Limit: (\$_____per_____)
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### INSTRUCTIONS FOR NA 116.2

Use to change the maximum amount that the County will pay for a CAAP child care payment. A change in the CAAP payment limit may be due to a change in the age of the child, the type of care provided, whether the care is provided full-time or part-time, the child care provider's location, whether the child has special needs, and/or the CAAP payment limit set by the State of California.

Fill in the effective date of the change in the CAAP payment limit.

Check the appropriate box for the change in the CAAP payment limit. If the "Other" box is checked, fill in the reason.

The County may replace the word "COUNTY" with a worker's name and phone number in the sentence which starts with "YOU MUST TELL THE COUNTY BEFORE.....".

Enter the child's name and the provider's name for each child who has a change in the amount of his/her CAAP payment limit. Enter the new payment limit (appropriate monthly rate ceiling) for each of these children.

NOTE: SAWS counties may use the NA 111C to approve a monthly CAAP payment for a specified amount of money and for a change in the CAAP payment limit. However, SAWS counties may use the NA 116.2 instead of the NA 111C to explain the change in the CAAP payment limit.

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

You were overpaid \$ \_\_\_\_\_. As of \_\_\_\_\_, the County will lower your monthly California Alternative Assistance Program(CAAP) payment from \$ \_\_\_\_\_ to \$ \_\_\_\_\_.

## HERE'S WHY:

- ☐ Your child(ren), \_\_\_\_\_, is/are no longer eligible.
  - ☐ Your child is not in your AFDC assistance unit or getting federal foster care or Supplemental Security Income/State Supplementary Payment (SSI/SSP); or
  - ☐ Your child is 13 or more years old (which is over the age the County can pay for) and is not disabled or under court supervision; or
  - ☐ You have not given your worker proof that shows your child has a physical or mental condition that requires special care.
- ☐ Your child care provider(s), \_\_\_\_\_, is/are not eligible.
  - ☐ Your child care provider is not 18 years of age or older; or
  - ☐ Your child care provider is your child's parent, legal guardian, or a member of your AFDC assistance unit; or
  - ☐ Your child care provider does not have a child day care license and needs a license; or
  - ☐ Your child care provider has not filled out Part B on the SCC 6 and/or signed the SCC 6.
- ☐ Your unlicensed child care provider(s), \_\_\_\_\_, is/are not eligible.
  - ☐ Your unlicensed child care provider had his/her application for Trustline denied.
  - ☐ Your unlicensed child care provider had his/her Trustline registration status revoked.
  - ☐ Your unlicensed child care provider had his/her Trustline registration case closed.
- ☐ You did not fill in the information on your Monthly Child Care Eligibility Report (SCC 6) for your eligible child(ren), \_\_\_\_\_.

**Rules:** These rules apply. You may review them at your welfare office: MPP 89-710.13, .14, & .151, 89-715.1, .2, .3, & .5, 89-720, 89-725.11 & .2, 89-730.342 & .7, & 89-735.1 & .2.

The following shows how much you were paid and what you should have been paid for each month of overpayment.

Month(s) and Year of Overpayments: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Provider's Name: \_\_\_\_\_

CAAP Amount Paid	\$ _____
Less CAAP Amount You Should Have Been Paid	-\$ _____
Overpayment Amount	=\$ _____
Number of Months of Overpayments	x _____
Total Overpayment Amount	=\$ _____

Month(s) and Year of Overpayments: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Provider's Name: \_\_\_\_\_

CAAP Amount Paid	\$ _____
Less CAAP Amount You Should Have Been Paid	-\$ _____
Overpayment Amount	=\$ _____
Number of Months of Overpayments	x _____
Total Overpayment Amount	=\$ _____

Month(s) and Year of Overpayments: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Provider's Name: \_\_\_\_\_

CAAP Amount Paid	\$ _____
Less CAAP Amount You Should Have Been Paid	-\$ _____
Overpayment Amount	=\$ _____
Number of Months of Overpayments	x _____
Total Overpayment Amount	=\$ _____

**Total Overpayment (you owe)**  
**From This Notice** \$ \_\_\_\_\_

**Monthly Adjustment Amount**  
**(10% of CAAP payment or \$21, whichever is more)** \$ \_\_\_\_\_

**New CAAP Payment (correct CAAP amount less the total monthly adjustment)** \$ \_\_\_\_\_

# NOTICE OF ACTION

(Continued)

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

- ☐ You did not give your worker a separate SCC 6, Part B, for your child care provider(s), \_\_\_\_\_.
- ☐ You used more than one child care provider for the same time period for the same child, but only one provider can get a payment. You can only get a payment for a second child care provider when your first provider cannot care for your child because of an emergency.
- ☐ All of the child care hours you listed this month for your child(ren), \_\_\_\_\_, were not related to your work or travel hours and the County cannot pay all of your child care costs.
- ☐ The incorrect payment limit was used because of a change in: your child's age; your child care provider; your child's child care hours; the child care provider's location; your child with special needs; and/or the payment limit set by the State of California.
- ☐ The County did not figure your CAAP payment correctly.
- ☐ Other \_\_\_\_\_

Your monthly CAAP payment(s) will be lowered each month until the amount you owe is paid back. The most the County can take is 10% of your total CAAP payment or \$21, whichever is greater.

If you go back on AFDC, you may ask to have your cash aid lowered to pay what you owe. The County can collect a CAAP overpayment from you if you get Supplemental Child Care (SCC) or Transitional Child Care (TCC) payments. The County may take CAAP overpayments from any person who was a member of the assistance unit at the time the assistance unit was overpaid.

You do not have to use any Social Security or SSI benefits you get to repay this overpayment.

If you volunteer to pay by cash, pay in person and ask for a numbered receipt with the County's name on it.

If you pay by check or money order, send or bring it to:

If you have any questions, call your CAAP worker.

If you think this overpayment is wrong, you can ask for a hearing. **"Your Hearing Rights"** tells how. If you stop getting CAAP payments before your overpayment is paid back, the County will take action to collect and may take what you owe out of your state income tax refund.

**Rules:** These rules apply. You may review them at your welfare office: MPP 89-710.13, .14, & .151, 89-715.1, .2, .3, & .5, 89-720, 89-725.11 & .2, 89-730.342 & .7, & 89-735.1 & .2.

State of California  
Department of Social Services

Manual Msg. No: NA 117.2  
Action: Change  
Reason: CAAP Payment Change  
Title: CAAP Overpayment  
Adjustment

Auto ID No. :  
Source : CAAP  
Regulation Cite: MPP 89-710.13,  
.14, .151, 89-715.1,  
.2, .3, .5, 89-720,  
89-725.11, .2, 89-730.342  
.7, 89-735.1, .2

Form No.:  
Effective Date:  
Revision Date: 9/95

MESSAGE:

You were overpaid \$ \_\_\_\_\_. As of \_\_\_\_\_, the County will lower your monthly California Alternative Assistance Program (CAAP) payment from \$ \_\_\_\_\_ to \$ \_\_\_\_\_.

HERE'S WHY:

- ☐ Your child(ren), \_\_\_\_\_, is/are no longer eligible.
- ☐ Your child is not in your AFDC assistance unit or getting federal foster care or Supplemental Security Income/State Supplementary Payment (SSI/SSP); or
- ☐ Your child is 13 or more years old (which is over the age the County can pay for) and is not disabled or under court supervision; or
- ☐ You have not given your worker proof that shows your child has a physical or mental condition that requires special care.
- ☐ Your child care provider(s), \_\_\_\_\_, is/are not eligible.
- ☐ Your child care provider is not 18 years of age or older; or
- ☐ Your child care provider is your child's parent, legal guardian, or a member of your AFDC assistance unit; or
- ☐ Your child care provider does not have a child day care license and needs a license; or
- ☐ Your child care provider has not filled out Part B on the SCC 6 and/or signed the SCC 6.

- ☐ Your unlicensed child care provider(s), \_\_\_\_\_, is/are not eligible.
- ☐ Your unlicensed child care provider had his/her application for Trustline denied.
- ☐ Your unlicensed child care provider had his/her Trustline registration status revoked.
- ☐ Your unlicensed child care provider had his/her Trustline registration case closed.
- ☐ You did not fill in the information on your Monthly Child Care Eligibility Report (SCC 6) for your eligible child(ren), \_\_\_\_\_.
- ☐ You did not give your worker a separate SCC 6, Part B, for your child care provider(s), \_\_\_\_\_.
- ☐ You used more than one child care provider for the same time period for the same child, but only one provider can get a payment. You can only get a payment for a second child care provider when your first provider cannot care for your child because of an emergency.
- ☐ All of the child care hours you listed this month for your child(ren), \_\_\_\_\_, were not related to your work or travel hours and the County cannot pay all of your child care costs.
- ☐ The incorrect payment limit was used because of a change in: your child's age; your child care provider; your child's child care hours; the child care provider's location; your child with special needs; and/or the payment limit set by the State of California.
- ☐ The County did not figure your CAAP payment correctly.
- ☐ Other

Your monthly CAAP payment(s) will be lowered each month until the amount you owe is paid back. The most the County can take is 10% of your total CAAP payment or \$21, whichever is greater.

If you go back on AFDC, you may ask to have your cash aid lowered to pay what you owe. The County can collect a CAAP overpayment from you if you get Supplemental Child Care (SCC) or Transitional Child Care (TCC) payments. The County may take CAAP overpayments from any person who was a member of the assistance unit at the time the assistance unit was overpaid.

You do not have to use any Social Security or SSI benefits you get to repay this overpayment.



If you volunteer to pay by cash, pay in person and ask for a numbered receipt with the County's name on it.

If you pay by check or money order, send or bring it to:

If you have any questions, call your CAAP worker.

If you think this overpayment is wrong, you can ask for a hearing. "Your Hearing Rights" tells how. If you stop getting CAAP payments before your overpayment is paid back, the County will take action to collect and may take what you owe out of your state income tax refund.

The following shows how much you were paid and what you should have been paid for each month of overpayment.

	A	B	C
Month(s) and Year of Overpayments:	_____	_____	_____
Child's Name:	_____	_____	_____
Provider's Name:	_____	_____	_____
CAAP Amount Paid	\$ _____	\$ _____	\$ _____
Less CAAP Amount You Should Have Been Paid	-\$ _____	- \$ _____	-\$ _____
Overpayment Amount	= \$ _____	= \$ _____	= \$ _____
Number of Months of Overpayments	x _____	x _____	x _____
Total Overpayment Amount	= \$ _____	= \$ _____	= \$ _____
Total Overpayment (you owe) From This Notice	\$ _____		
Monthly Adjustment Amount (10% of CAAP payment or \$21, whichever is more)	\$ _____		
New CAAP Payment (correct CAAP amount less the total monthly adjustment)	\$ _____		

## INSTRUCTIONS FOR NA 117.2

Use to notify the CAAP participant of an overpayment and subsequent CAAP payment adjustments.

Fill in the amount that was overpaid to the CAAP participant. Fill in the date the County will begin to make an overpayment adjustment and fill in the amount of the previous CAAP payment and the new amount after the overpayment adjustment has been made.

Check the appropriate box(es) in the far left that show(s) why the CAAP participant was overpaid. Enter the name(s) of the child(ren) and/or the provider(s) who was/were ineligible for a payment on the line provided.

Check the indented box(es), if applicable, that further explain(s) the ineligibility of the child(ren) and/or the provider(s).

When checking the "Other" box, specify the reason for the action.

Fill in the address of the County office that could process a cash repayment.

Complete an overpayment computation for each child with an overpayment and indicate the month(s)/year the overpayment(s) occurred, the child's name, and the child care provider's name. Fill in the amount of the original CAAP payment and the amount it should have been. The difference is the overpayment amount. Multiply the overpayment amount by the number of months of overpayments to get a total overpayment amount per child. Add each of the children's overpayments together for a total overpayment amount for all children. Enter the amount you will adjust the CAAP payment each month (10% of the total CAAP payment or \$21, whichever is greater). Enter the new adjusted CAAP payment amount, which is the correct CAAP payment amount less the monthly adjustment amount. (When an individual has both an overpayment and an underpayment, the county may offset one against the other.)

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

While you were getting California Alternative Assistance Program (CAAP) payments, you were overpaid. Though you no longer get CAAP payments, you still owe the County for your overpayment. The amount of your overpayment is \$ \_\_\_\_\_ and is due now.

## HERE'S WHY:

- ☐ You were not eligible for CAAP.
- ☐ You were no longer in the assistance unit (AU).
- ☐ You were not eligible for AFDC.
- ☐ You were not working.
- ☐ You did not need child care to be able to work.
- ☐ Your child(ren), \_\_\_\_\_, was/were not eligible.
- ☐ Your child was not in your AFDC assistance unit or getting federal foster care or Supplemental Security Income/State Supplementary Payment (SSI/SSP); or
- ☐ Your child was 13 or more years old (which is over the age the County can pay for) and was not disabled or under court supervision; or
- ☐ You did not give your worker proof that shows your child has a physical or mental condition that requires special care.
- ☐ Your child care provider(s), \_\_\_\_\_, was/were not eligible.
- ☐ Your child care provider was not 18 years of age or older; or
- ☐ Your child care provider was your child's parent, legal guardian, or a member of your AFDC assistance unit; or
- ☐ Your child care provider did not have a child day care license and needed a license; or
- ☐ Your child care provider did not fill out Part B on the SCC 6 and/or sign the SCC 6.
- ☐ Your unlicensed child care provider(s), \_\_\_\_\_, was/were not eligible.
- ☐ Your unlicensed child care provider had his/her application for Trustline denied.
- ☐ Your unlicensed child care provider had his/her Trustline registration status revoked.
- ☐ Your unlicensed child care provider had his/her Trustline registration case closed.

**Rules:** These rules apply. You may review them at your welfare office: MPP 89-710.11, .13, .14, & .15, 89-715.1, .2, .3, & .5, 89-720, 89-725.11, .12, & .2, 89-730.33, .342 & .7, & 89-735.1 & .2.

The following shows the CAAP amount you were paid and what you should have been paid for each month of overpayment.

Month(s) and Year of Overpayments: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Provider's Name: \_\_\_\_\_

CAAP Amount Paid \$ \_\_\_\_\_

Less CAAP Amount You  
Should Have Been Paid -\$ \_\_\_\_\_

Overpayment Amount =\$ \_\_\_\_\_

Number of Months of Overpayments x \_\_\_\_\_

Total Overpayment Amount =\$ \_\_\_\_\_

Month(s) and Year of Overpayments: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Provider's Name: \_\_\_\_\_

CAAP Amount Paid \$ \_\_\_\_\_

Less CAAP Amount You  
Should Have Been Paid -\$ \_\_\_\_\_

Overpayment Amount =\$ \_\_\_\_\_

Number of Months of Overpayments x \_\_\_\_\_

Total Overpayment Amount =\$ \_\_\_\_\_

Month(s) and Year of Overpayments: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Provider's Name: \_\_\_\_\_

CAAP Amount Paid \$ \_\_\_\_\_

Less CAAP Amount You  
Should Have Been Paid -\$ \_\_\_\_\_

Overpayment Amount =\$ \_\_\_\_\_

Number of Months of Overpayments x \_\_\_\_\_

Total Overpayment Amount =\$ \_\_\_\_\_

**Total Overpayment (you owe)  
From This Notice \$ \_\_\_\_\_**

# NOTICE OF ACTION

(Continued)

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

If you have any question, call your worker.

**WARNING:** If you think this overpayment is wrong, this is your last chance to ask for a hearing. "Your Hearing Rights" tells how. If you have gone off AFDC before your overpayment was paid back, the County may take what you owe out of your State income tax refund.

- ☐ You did not fill in the information on your Monthly Child Care Eligibility Report (SCC 6) for your eligible child(ren), \_\_\_\_\_, and/or sign the SCC 6.
- ☐ You did not give your worker a separate SCC 6, Part B, for your child care provider(s), \_\_\_\_\_.
- ☐ You used more than one child care provider for the same time period for the same child, but only one provider can get a payment. You can only get a payment for a second child care provider when your first provider cannot care for your child because of an emergency.
- ☐ All of the child care hours you listed for your child(ren), \_\_\_\_\_, were not related to your work or travel hours and the County cannot pay all of your child care costs.
- ☐ The incorrect payment limit was used because of a change in: your child's age; your child care provider; your child's child care hours; the child care provider's location; your child with special needs; and/or the payment limit set by the State of California.
- ☐ The County did not figure your CAAP payment correctly.
- ☐ Other.

You must pay back the overpayment or show the County your plan for paying it back within ten calendar days from the date this notice was mailed. If you do not, the County will take action to collect.

If you get AFDC, you may ask to have your cash aid lowered to pay what you owe. The County can take CAAP overpayments from you if you are now getting Supplemental Child Care (SCC) payments or Transitional Child Care (TCC) payments. The County may take CAAP overpayments from any person who was a member of the assistance unit at the time the assistance unit was overpaid.

You do not have to use any Social Security or SSI benefits you get to repay this overpayment.

If you pay by cash, pay in person and ask for a numbered receipt with the County's name on it.

If you pay by check or money order, send or bring it to:

**Rules:** These rules apply. You may review them at your welfare office: MPP 89-710.11, .13, .14, & .15, 89-715.1, .2, .3, & .5, 89-720, 89-725.11, .12, & .2, 89-730.33, .342 & .7, & 89-735.1 & .2.

State of California  
Department of Social Services

Manual Msg. NA 118.2  
Action: Demand  
Reason: CAAP Overpayment  
Title: CAAP Overpayment  
Demand Notice

Auto ID No. :  
Source : CAAP  
Regulation Cite: MPP 89-710.11,  
.13, .14, .15,, 89-715.1,  
.2, .3, .5, 89-720, 89-725.11,  
.12, .2, 89-730.33, .342  
.7, 89-735.1, .2

Form No.:  
Effective Date:  
Revision Date: 9/95

MESSAGE:

While you were getting California Alternative Assistance Program (CAAP) payments, you were overpaid. Though you no longer get CAAP payments, you still owe the County for your overpayment. The amount of your overpayment is \$\_\_\_\_\_ and is due now.

HERE'S WHY:

- ☐ You were not eligible for CAAP.
- ☐ You were no longer in the assistance unit (AU).
- ☐ You were not eligible for AFDC.
- ☐ You were not working.
- ☐ You did not need child care to be able to work.
- ☐ Your child(ren), \_\_\_\_\_, was/were not eligible.
  - ☐ Your child was not in your AFDC assistance unit or getting federal foster care or Supplemental Security Income/State Supplementary Payment (SSI/SSP); or
  - ☐ Your child was 13 or more years old (which is over the age the County can pay for) and was not disabled or under court supervision; or
  - ☐ You did not give your worker proof that shows your child has a physical or mental condition that requires special care.
- ☐ Your child care provider(s), \_\_\_\_\_, was/were not eligible.
  - ☐ Your child care provider was not 18 years of age or older; or
  - ☐ Your child care provider was your child's parent, legal guardian, or a member of your AFDC assistance unit; or

- ☐ Your child care provider did not have a child day care license and needed a license; or
- ☐ Your child care provider did not fill out Part B on the SCC 6 and/or sign the SCC 6.
- ☐ Your unlicensed child care provider(s), \_\_\_\_\_, was/were not eligible.
- ☐ Your unlicensed child care provider had his/her application for Trustline denied.
- ☐ Your unlicensed child care provider had his/her Trustline registration status revoked.
- ☐ Your unlicensed child care provider had his/her Trustline registration case closed.
- ☐ You did not fill in the information on your Monthly Child Care Eligibility Report (SCC 6) for your eligible child(ren), \_\_\_\_\_, and/or sign the SCC 6.
- ☐ You did not give your worker a separate SCC 6, Part B, for your child care provider(s), \_\_\_\_\_.
- ☐ You used more than one child care provider for the same time period for the same child, but only one provider can get a payment. You can only get a payment for a second child care provider when your first provider cannot care for your child because of an emergency.
- ☐ All of the child care hours you listed for your child(ren), \_\_\_\_\_, were not related to your work or travel hours and the County cannot pay all of your child care costs.
- ☐ The incorrect payment limit was used because of a change in: your child's age; your child care provider; your child's child care hours; the child care provider's location; your child with special needs; and/or the payment limit set by the State of California.
- ☐ The County did not figure your CAAP payment correctly.
- ☐ Other

You must pay back the overpayment or show the County your plan for paying it back within ten calendar days from the date this notice was mailed. If you do not, the County will take action to collect.

If you get AFDC, you may ask to have your cash aid lowered to pay what you owe. The County can take CAAP overpayments from you if you are now getting Supplemental Child Care (SCC) payments or Transitional Child Care (TCC) payments. The County may take CAAP

overpayments from any person who was a member of the assistance unit at the time the assistance unit was overpaid.

You do not have to use any Social Security or SSI benefits you get to repay this overpayment.

If you pay by cash, pay in person and ask for a numbered receipt with the County's name on it.

If you pay by check or money order, send or bring it to:

If you have any questions, call your worker.

**WARNING:** If you think this overpayment is wrong, this is your last chance to ask for a hearing. "Your Hearing Rights" tells how. If you have gone off AFDC before your overpayment was paid back, the County may take what you owe out of your State income tax refund.

The following shows the CAAP amount you were paid and what you should have been paid for each month of overpayment:

	A	B	C
Month(s) and Year of Overpayments:	_____	_____	_____
Child's Name:	_____	_____	_____
Provider's Name:	_____	_____	_____
CAAP Amount Paid	\$ _____	\$ _____	\$ _____
Less CAAP Amount You Should Have Been Paid	-\$ _____	-\$ _____	-\$ _____
Overpayment Amount	=\$ _____	=\$ _____	=\$ _____
Number of Months of Overpayments	x _____	x _____	x _____
Total Overpayment Amount	=\$ _____	=\$ _____	=\$ _____
Total Overpayment (you owe) From This Notice	\$ _____		

## INSTRUCTIONS FOR NA 118.2

Use to notify a former CAAP participant of an overpayment and subsequent demand for repayment. The NOA gives information to the former CAAP participant on paying back the overpayment.

Fill in the amount of the overpayment.

Check the appropriate box(es) in the far left that show(s) why the CAAP participant was overpaid. Enter the name(s) of the child(ren) and/or the provider(s) who was/were ineligible for a payment on the line provided.

Check the indented box(es), if applicable, that further explain(s) the ineligibility of the child(ren) and/or the provider(s).

When checking the "Other" box, specify the reason for the action.

Fill in the address of the County office that could process a cash repayment.

Complete an overpayment computation for each child with an overpayment and indicate the month/year the overpayment(s) occurred, the child's name, and the child care provider's name. Fill in the amount of the original CAAP payment and the amount it should have been. The difference is the overpayment amount. Multiply the overpayment amount by the number of months of overpayments to get a total overpayment amount per child. Add each of the children's overpayments together for a total overpayment amount for all children.

Note: When an individual has both an overpayment and an underpayment, the county may offset one against the other.



# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

The County underpaid your California Alternative Assistance Program (CAAP) payment for the month(s) of \_\_\_\_\_. You were underpaid the amount of \$ \_\_\_\_\_. You should have gotten \$ \_\_\_\_\_ of CAAP money, but you got \$ \_\_\_\_\_.

## HERE'S WHY:

- ☐ The County did not figure your CAAP payment correctly.  
☐ The County did not use the correct payment limit.  
☐ Other:

The County will use the underpayment amount it owes you to help pay for any child care overpayment amount(s) that you owe (if this applies to you) before you get any of the underpayment money.

The County will correct any underpayment(s) and mail you a check within 30 calendar days from the date the County found you were underpaid.

The amount you were underpaid is figured on this notice.

**Rules:** These rules apply. You may review them at your welfare office: MPP 89-735.1 & .2.

Month(s) and Year of Underpayments: \_\_\_\_\_  
Child's Name: \_\_\_\_\_  
Provider's Name: \_\_\_\_\_  
CAAP Amount You Should Have Been Paid \$ \_\_\_\_\_  
Less CAAP Amount Actually Paid -\$ \_\_\_\_\_  
CAAP Underpayment Amount =\$ \_\_\_\_\_  
No. of Months of Underpayments x \_\_\_\_\_  
Total Underpayment Per Child (We Owe You) =\$ \_\_\_\_\_  
Month(s) and Year of Underpayments: \_\_\_\_\_  
Child's Name: \_\_\_\_\_  
Provider's Name: \_\_\_\_\_  
CAAP Amount You Should Have Been Paid \$ \_\_\_\_\_  
Less CAAP Amount Actually Paid -\$ \_\_\_\_\_  
CAAP Underpayment Amount =\$ \_\_\_\_\_  
No. of Months of Underpayments x \_\_\_\_\_  
Total Underpayment Per Child (We Owe You) =\$ \_\_\_\_\_  
Month(s) and Year of Underpayments: \_\_\_\_\_  
Child's Name: \_\_\_\_\_  
Provider's Name: \_\_\_\_\_  
CAAP Amount You Should Have Been Paid \$ \_\_\_\_\_  
Less CAAP Amount Actually Paid -\$ \_\_\_\_\_  
CAAP Underpayment Amount =\$ \_\_\_\_\_  
No. of Months of Underpayments x \_\_\_\_\_  
Total Underpayment Per Child (We Owe You) =\$ \_\_\_\_\_  
Subtotal of CAAP Underpayments Owed =\$ \_\_\_\_\_  
Adjustment to Collect Child Care Overpayment, (if applicable) -\$ \_\_\_\_\_  
Total Underpayment (We Owe You) From This Notice =\$ \_\_\_\_\_

## YOUR HEARING RIGHTS

### To Ask For a State Hearing

- You only have 90 days to ask for a hearing. The 90 days started the day after we gave or mailed you this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

### To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- Your Transitional Child Care (TCC) will stay the same until the hearing or the end of your eligibility period, whichever is earlier. **For all other child care programs, your benefits will NOT stay the same until your hearing.**
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

### To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

☐ Cash Aid ☐ Food Stamps

### To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253

If you are deaf and use TDD, call: 1-800-952-8349

You may get free legal help at your local legal aid office or welfare rights group.

### Other Information

**Child and/or Medical Support:** The District Attorney's office will help you collect support even if you are not on cash aid. There is no cost for this help. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

**Family Planning:** Your welfare office will give you information when you ask for it.

**Hearing File:** If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

## HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page. Make a copy of the front and back for your records. Then, send or take this page to:

Your worker will get you a copy of this page if you ask. Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call: 1-800-952-8349.

### HEARING REQUEST

I want a hearing because of an action by the Welfare Department of \_\_\_\_\_ County about my

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal ☐ Child Care  
☐ Other (list) \_\_\_\_\_

Here's why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Check here and add a page if you need more space.

☐ I want the person named below to represent me at this hearing.  
I give my permission for this person to see my records or come to the hearing for me.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

☐ I need a free interpreter.

My language or dialect is: \_\_\_\_\_

My name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

My case number: \_\_\_\_\_

My signature: \_\_\_\_\_

Date: \_\_\_\_\_

State of California  
Department of Social Services

Manual Msg. No: NA 119.2  
Action: Change  
Reason: CAAP Payment Change  
Title: CAAP Underpayment  
Form No.:  
Effective Date:  
Revision Date: 9/95

Auto ID No. :  
Source : CAAP  
Regulation Cite: MPP 89-735.1, .2

MESSAGE:

The County underpaid your California Alternative Assistance Program (CAAP) payment for the month(s) of \_\_\_\_\_. You were underpaid the amount of \$ \_\_\_\_\_. You should have gotten \$ \_\_\_\_\_ of CAAP money, but you got \$ \_\_\_\_\_.

HERE'S WHY:

- ☐ The County did not figure your CAAP payment correctly.
- ☐ The County did not use the correct payment limit.
- ☐ Other:

The County will use the underpayment amount it owes you to help pay for any child care overpayment amount(s) that you owe (if this applies to you) before you get any of the underpayment money.

The County will correct any underpayment(s) and mail you a check within 30 calendar days from the date the County found you were underpaid.

The amount you were underpaid is figured on this notice.

	A	B	C
Month(s) and Year of Underpayments:	_____	_____	_____
Child's Name:	_____	_____	_____
Provider's Name:	_____	_____	_____
CAAP Amount You Should Have Been Paid	\$ _____	\$ _____	\$ _____
Less CAAP Amount Actually Paid	-\$ _____	-\$ _____	-\$ _____
CAAP Underpayment Amount	=\$ _____	= \$ _____	=\$ _____

Number of Months of Underpayments      x      x      x  
 Total Underpayment Per Child (We Owe You)      =\$      =\$      =\$  
 Subtotal of CAAP Underpayments Owed      =\$  
 Adjustment to Collect Child Care Overpayment, (if applicable)      -\$  
 Total Underpayment (We Owe You) From This Notice      =\$

# INSTRUCTIONS FOR NA 119.2

Use to notify the CAAP participant of an underpayment and the action the County is taking to correct the underpayment.

Fill in the month(s) the CAAP participant was underpaid and the total amount of the underpayment.

Fill in the correct CAAP payment amount that the CAAP participant should have received and the amount actually paid.

Check the box(es) that tell why the CAAP participant was underpaid. If the "Other" box is checked, fill in the reason.

Complete an underpayment computation for each child. Indicate the month(s)/year the underpayment(s) occurred for each child, each child's name, and the name of each child's care provider. Fill in the amount the CAAP participant should have been paid and the CAAP amount actually paid. The difference is the underpayment amount. Multiply the underpayment amount by the number of months of underpayments to get a total underpayment amount per child. Add the underpayment amounts for each child together to get a subtotal of the CAAP underpayment amount that the county owes the CAAP participant. Subtract any adjustment that is needed to collect a child care overpayment, if applicable. The difference is the total underpayment that is owed to the CAAP participant.

NOTE: Counties are required to issue the full amount of the underpayment that is owed to the CAAP participant within 30 calendar days from the date you determined the underpayment existed.

40-020 IMPLEMENTATION OF CALIFORNIA ALTERNATIVE ASSISTANCE PROGRAM (CAAP) 40-020

- .1 The adoption of Chapter 89-700 and the amendment of Sections 40-131.3, 40-181.2, 44-111.3, 44-207.322, and 89-102, which implement the California Alternative Assistance Program (CAAP) shall be effective May 1, 1994. Counties are required to meet the CAAP informing requirements at application and redetermination of eligibility for applicants and recipients subject to the California Work Pays Demonstration Project (CWPD) beginning May 1, 1994.
- .2 Chapter 89-700, for applicants and recipients subject to the CWPD, is adopted to implement the CAAP to comply with the provisions of Welfare and Institutions Code Section 11280 (Chapter 69, Statutes of 1993).
- .3 Section 40-131 is amended to require that AFDC applicants be informed about CAAP at the time of AFDC application.
- .4 Section 40-181 is amended to require that AFDC recipients be informed about CAAP at the time of AFDC redetermination.
- .5 Section 44-111 is amended to exempt CAAP payments from consideration as income for AFDC.
- .6 Section 44-207 is amended to require that an individual be considered to have received an AFDC payment when the assistance unit (AU) has received benefits under the CAAP.
- .7 Section 89-102 is amended to require that CAAP be included in the CWPD provisions of Section 89-700 et seq. The county shall apply these provisions to those applicants and recipients who are designated as members of the Project's control and experimental groups.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 11280, Welfare and Institutions Code; and the Federal Terms and Conditions for the California Work Pays Demonstration Project as approved by the United States Department of Health and Human Services on March 9, 1994.

.3 Content of Application Interview

HANDBOOK BEGINS HERE

- v. See Section 89-730 for the additional informing requirements for applicants subject to the California Work Pays Demonstration Project as specified in Division 89.

HANDBOOK ENDS HERE

Authority Cited: Sections 10553, 10554, 10604, and 18904, Welfare and Institutions Code.

Reference: Section 10613, 11209, 11280, 11324.8(a), AB 312, Chapter 1568, Statutes of 1990, 11500(b), and 11511(a), Welfare and Institutions Code; 7 USC 2020(i), 7 CFR 273.2(j), 42 USC 616(f), 682(c)(2), (3) and (4), 45 CFR 250.20, 45 CFR 250.40(a) and (b); 45 CFR 255.1; 45 CFR 256.1(b).

.2 Periodic Determination of Eligibility

HANDBOOK BEGINS HERE

See Section 89-730 for the additional informing requirement at eligibility redetermination for recipients subject to the California Work Pays Demonstration Project as specified in Division 89.

HANDBOOK ENDS HERE

Authority Cited: Sections 10553, 10554, 10604, 11265.1, and 18904, Welfare and Institutions Code.

Reference: 452 U.S.C. 616(b) and (f); 45 CFR 233.28 and 235.112(b); and Sections 10553, 10554, 10604, 11280, and 11486, Welfare and Institutions Code.

.3 Exemption of Payments from Public Sources (Continued)

- h. Payments made for child care costs under the California Alternative Assistance Program are exempt from consideration as income.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 10553, 10554, 11008.15, 11255, and 11280, Welfare and Institutions Code; 42 USC Section 602(g)(1)(E)(i); Section 202(a), Public Law 100-485; 45 CFR 244.0(c); 45 CFR 233.20(a)(4)(ii); 45 CFR 233.20(a)(11)(v)(C); 45 CFR 255.3(f)(1); Federal Terms and Conditions for the California Assistance Payments Demonstration Project as approved by the United States Department of Health and Human Services on October 30, 1992; and the Federal Terms and Conditions for the California Work Pays Demonstration Project as approved by the United States Department of Health and Human Services on March 9, 1994.



Amend Section 44-207.322(b)2. to read:

44-207 INCOME ELIGIBILITY (Continued)

44-207

.3 Financial Eligibility (Continued)

.32 Net Nonexempt Income (Continued)

- .322 For purposes of determining financial eligibility, the earned income exemption (\$30 and 1/3) shall be applied subject to the limitations of Section 44-111.23\* and only if the person who earned the income was eligible for and received an AFDC payment from any state during at least one of the immediately preceding four months and is currently included in the AU.

HANDBOOK BEGINS HERE

\*See Section 89-301.1 for elimination of the 4-month time limit for the \$30 and 1/3 earned income disregards and elimination of the additional 8-month limit for the \$30 earned income disregard. This will apply to those recipients who are subject to the Assistance Payments Demonstration Project as specified in Division 89.

HANDBOOK ENDS HERE

- (a) A person is considered to have received an AFDC payment when:
1. The grant for the AU is reduced to zero to adjust or offset a prior overpayment; or
  2. The AU has received benefits under the California Alternative Assistance Program as specified in Chapter 89-700.
- (b) A person is not considered to have received an AFDC payment if the ~~FPO~~ AU was on other noncash grant status including:
- (Continued)
2. Refused Cash Grant, except as provided for in Section 44-207.322(a)(2), or other Medi-Cal-Only cases under Title 22 of the California Administrative Code of Regulations.

Authority Cited: Sections 10553, 10554, 11450, and 11453, Welfare and Institutions Code.

Reference: Sections 10553, 10554, 11017, 11255, and 11280, Welfare and Institutions Code; 45 CFR 233.20(a)(2)(xiii) and (3)(vi)(B) and (xiv); and Darces v. Woods, 35 Cal. 3d 871; Rutan v. McMahon, Case No. 612542-L (Alameda Superior Court) February 19, 1988; Letter from Department of Health and Human Services (DHSS), December 5, 1990; Johnson v. Carlson Stipulated Judgement; Federal Terms and Conditions for the California Assistance Payments Demonstration Project as approved by the United States Department of Health and Human Services on October 30, 1992; and the Federal Terms and Conditions for the California Work Pays Demonstration Project as approved by the United States Department of Health and Human Services on March 9, 1994.

Amend Section 80-310s. to read:

80-310 DEFINITIONS - FORMS (Continued)

80-310

s. (3) SAWS 7

The "Monthly Eligibility/Status Report" (Rev. ~~4/90~~ 1/93) is used in place of the CA 7 and is mandatory in fully automated SAWS counties and optional in all other counties.

(4) SCC 6

The "Monthly Child Care Eligibility Report" (Rev. 3/95) is used to gather information monthly to determine eligibility to receive child care assistance in the Supplemental Child Care Program or the California Alternative Assistance Program.

Authority Cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code.

Reference: 45 CFR 206.10(a)(8) and Section 11054, Welfare and Institutions Code.

## HANDBOOK BEGINS HERE

## .1 Background

Pursuant to state law, the California Department of Social Services has requested and received federal approval for two California Demonstration Projects entitled the Assistance Payments Demonstration Project and the California Work Pays Demonstration Project. These Projects enable California, in accordance with their federally mandated Terms and Conditions, to implement certain new AFDC provisions.

The Assistance Payments Demonstration Project provisions are contained in Division 89. They include work incentive provisions, MAP reductions and a relocation grant restriction. The California Work Pays Demonstration Project provisions contained in Division 89 include increased property limits, restricted accounts, and the California Alternative Assistance Program. (For "Cal Learn" see Division 42.)

## HANDBOOK ENDS HERE

## .2 Control Group

Except for the provisions found in Chapter 89-700, related to the California Alternative Assistance Program, the county shall not apply the Division 89 Assistance Payments Demonstration Project and the California Work Pays Demonstration Project provisions to those applicants and recipients who are designated as members of the Projects' control groups. CAAP applies to both the experimental and control groups in all APDP/CWPDP counties. The designation and treatment of the control groups shall be accomplished pursuant to the Projects' mandated parameters outlined in the Federal Terms and Conditions as approved by the Secretary of the Department of Health and Human Services.

Authority Cited: Sections 10553, 10554, 11201.5, 11209, and 11450(g), Welfare and Institutions Code.

Reference: Sections 11155.1, 11155.2, 11201.5, 11280, 11450.01, 11450.03, and 11280, Welfare and Institutions Code; 45 CFR 233.20(a)(3)(i)(B); Federal Terms and Conditions for the Assistance Payments Demonstration Project as approved by the United States Department of Health and Human Services on October 30, 1992; and Federal Terms and Conditions for the California Work Pays Demonstration Project as approved by the United States Department of Health and Human Services on March 9, 1994.

Amend Section 89-701 et seq. to read:

89-700 CALIFORNIA ALTERNATIVE ASSISTANCE PROGRAM (CAAP)

89-701 THE CALIFORNIA ALTERNATIVE ASSISTANCE PROGRAM (CAAP)

89-701

HANDBOOK BEGINS HERE

- .1 The California Alternative Assistance Program (CAAP) is mandated by Welfare and Institutions Code Section 11280 (Chapter 69, Statutes of 1993). It provides funding for child care to applicants eligible for or recipients of aid with earned income who voluntarily decline or refuse an AFDC grant. The objective of the CAAP is to provide an incentive to AFDC families with children to seek and/or maintain employment by removing the barrier of high child care costs. In assisting these families with their child care costs, it is hoped that employment will be obtained and maintained which will result in self-sufficiency from the welfare system.

HANDBOOK ENDS HERE

- .2 A CAAP participant is/  
/21 ~~C~~considered an AFDC recipient who is/  
/22 ~~S~~subject to all requirements of the AFDC program.
- .3 CAAP payments are payments for child care costs for those participating in and eligible for CAAP.
- .31 A CAAP payment is not considered an assistance payment and; therefore, is not eligible for recoupment under the Title IV-D program.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 11280, Welfare and Institutions Code; ~~and~~ the Federal Terms and Conditions for the California Work Pays Demonstration Project as approved by the United States Department of Health and Human Services on March 9, 1994; the Preamble (Federal Register Volume 54, No. 197, p. 42233); 42 USC 602(g)(3)(A); and 42 USC 603(a).

Amend Sections 89-705.1(e)(1) et seq., (f)(1), (p)(1), and (r)(2), (3), and (4) to read:

89-705 DEFINITIONS

89-705

.1 The following definitions pertain only to Chapter 89-700.

- (a) (1) "AU" means the AFDC assistance unit which consists of a group of related persons living in the same home who have been determined eligible for AFDC.
- (b) (1) "Budget Month" means the month preceding the report month and is used to determine the amount of the CAAP payment.
- (c) (1) "CAAP Participant" means an AFDC eligible person who has signed a CAAP agreement.
- (d) (1) "Date of Receipt" means the date that a document is received by the county, either through the mail or delivered in person.
- (e) (1) "Exempt from Licensing" means a child care provider who is not required to obtain a family child day care license.

HANDBOOK BEGINS HERE

(A) Examples of when a child day care license is not required ~~present in California Code of Regulations/ Title 22/ Section 151158/ include:~~

1. ~~The nonrelative child~~ Any family day care home providing care for the children of only one family in addition to his/her the operator's own children, as defined in Health and Safety Code Section 1596.792 and the care is provided "in the provider's own home" as specified in Health and Safety Code Section 1596.78; or
2. ~~The child care provider is related to the~~ care only for children for to whom care is given the provider is related as defined in Section 89-705(r)(3); or
3. ~~The child care provider is a public or private school or a recreation program as defined in Health and Safety Code Section 1596.792 or .793. / or~~
4. ~~The child care is provided by a public or private school which operates a program before and/or after school for school-age children/ providing the program offered by the school is operated by the school and run by qualified teachers employed by the school or the school district/~~

HANDBOOK ENDS HERE

- (f) (1) "Full-Time ~~Child~~ Care" means child care provided by a child care provider for more than 147 hours per calendar month.
- (g) through (o) Reserved
- (p) (1) "Part-Time ~~Child~~ Care" means child care provided by a child care provider for 147 hours or less per calendar month.
- (2) "Payment Month" means the month following the report month.
- (q) Reserved
- (r) (1) "Rate Ceiling" means the 75th percentile of the regional market rate or the 100th percentile of the regional market rate when the region has no more than two providers serving that age and category of care.
- (2) "Regional Market Rate (RMR)" means the costs of child care in each county differentiated by age of child, a child with special needs, type of care, and whether the care is provided full- or part-time as established in the Regional Market Rate Ceilings for California Child Care Providers.
- (3) "Relative" as it relates to exempt care is defined in California Code of Regulations, Title 22, Division 12, Section 101152(r)(1) for the purposes of CAAP.
- (34) "Report Month" means the month in which a CAAP participant is required to submit the ~~monthly eligibility report~~ CA 7/SAWS 7 and SCC 6, which contains information from the previous month, also known as the budget month.
- (s) through (z) Reserved

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections ~~10553/ 10554/ and~~ 11280 and 11508(b), Welfare and Institutions Code; Sections 1596.78 and 1596.792, Health and Safety Code; 45 CFR 255.4(a)(1)(ii), (a)(2)(ii) and (iii), and (a)(3), (a)(3)(i), (ii), (iii), and (iv); and the Preamble (Federal Register Volume 54, No. 197, p. 42218(1), (2), and (3)).

Amend Sections 89-710.11, .132(b) and (c), .14 et seq., and .15 et seq. to read:

89-710 PROGRAM ELIGIBILITY

89-710

- .1 An AU shall be eligible to participate in CAAP if otherwise eligible for AFDC and all of the following conditions are met:
  - .11 ~~X~~ The CAAP participant, who is a member of the AFDC AU, is working and ~~requires child care to remain employed~~ the county determines that child care cannot be provided during his/her working hours by a parent or other person in the CAAP participant's AU who is legally responsible for the child.
  - .12 The CAAP participant signs a statement stating that it is clearly understood that to receive CAAP he/she must decline a cash grant.
  - .13 The child care costs are paid for a child who meets the following conditions:
    - .131 The child:
      - (a) Is in the AU; or
      - (b) Would be AFDC-FG/U eligible but for the receipt of federal foster care or Supplemental Security Income/State Supplementary Payment (SSI/SSP).
    - .132 The child is:
      - (a) Under the age of 13; or
      - (b) ~~Over~~ Age 13 or over and is physically or mentally incapable of caring for himself/herself based on a written statement of a physician or a licensed or certified psychologist, and meets the age requirements under the AFDC program, as specified in Section 42-101; or
      - (c) ~~Over~~ Age 13 or over, and under court supervision as specified in Welfare and Institutions Code Sections 601 and 602 and meets the age requirements under the AFDC program, as specified in Section 42-101.
  - .14 The child care provider meets all the following conditions:
    - .141 Is 18 years old or older.
    - .142 Is not a parent or legal guardian of the child.
    - .143 Is not a member of the AU.
    - .144 Has a child day care license or is exempt from licensing.



.145 Has provided the CAAP participant with the completed Part B of the SCC 6 for every month of care.

(a) The child care provider shall sign a declaration, under the penalty of perjury, that the information contained in Part B of the SCC 6 is true and correct.

.15 The ~~AV~~ CAAP participant has provided, in accordance with the time frames specified in Section 40-181.22, the ~~necessary information to determine CAAP eligibility and the CAAP payment~~ as specified in ~~Section 89-725.11~~ county with the following:

.151 A complete SCC 6, as specified in Section 89-725.11.

.152 A complete CA 7/SAWS 7, as specified in Section 40-181.241.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 11265.1, 11280(b), and 11320.3(j)(5), Welfare and Institutions Code; 45 CFR 255.1(e)(1) and (4); 45 CFR 255.2, (a), and (a)(1); 45 CFR 255.4(c)(2), and (c)(2)(ii), (f)(2), and (h); and 45 CFR 255.5(a); and the Preamble (Federal Register Volume 54, No. 197, p. 42218(1), (2), and (3)).

Amend Sections 89-715.1 et seq., .23, .3, .4, and .5 to read:

89-715 PAYMENT ELIGIBILITY

89-715

.1 CAAP payments shall be used to pay for child care costs at the actual cost of care up to the federal maximum reimbursement rate ~~(75% percentage)~~ based on the monthly Regional Market Rate (RMR) ceilings.

.11 The rate ceiling shall be determined from the most current regional market rate survey of child care costs in accordance with Welfare and Institutions Code Section 11508(b).

HANDBOOK BEGINS HERE

~~111 The RMR ceilings are determined based on a statistically valid survey of the rates established by child care providers for private clients in accordance with Welfare and Institutions Code Section 11508(b).~~

.111 The regional market rate survey is conducted by the California Child Care Resource and Referral Network.

.1112 The rate ceilings are determined based on:

- (a) The age of the child,
- (b) Whether the child is a child with special needs,
- ~~(c)~~ The type of care provided,
- ~~(d)~~ The number of hours of care, either full-time or part-time, as defined in Sections 89-705.1(f)(1) and (p)(1), and
- ~~(e)~~ The care provider's geographic location in California.

HANDBOOK ENDS HERE

.12 The county shall determine the appropriate monthly rate ceiling by the following process:

.121 The county shall determine whether care is provided on a part-time or full-time basis for each calendar month that child care is provided.

.122 For each calendar month of care:

- (a) The county shall locate the monthly rate ceiling on the survey that corresponds to the age and category of care in the region in which the care is provided, and

(b) Shall locate the appropriate monthly rate ceiling for either full-time or part-time care, as specified in Sections 89-705.1(f)(1) and (p)(1), based on the total number of hours of care for the calendar month.

.2 The county shall only issue a CAAP payment when the child care hours claimed are for the following:

.21 Work hours.

.22 Transportation time between the worksite and the child care provider.

.23 When necessary, hours based on the provider's written standard billing practice.

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.24 Examples of eligible hours.

.241 Example: A provider charges all families based on an hourly rate. The parent works from 4 p.m. to 12 a.m. The provider charges for nine hours of child care, because the parent leaves the child in care a half hour before starting work and a half hour after ending the work shift. The county would compare the hours worked including transportation time to the hours of care. A request for payment for nine hours of care would meet the payment eligibility requirements under this section.

.242 Example: A day care provider charges all families based on a weekly rate. The provider charges for any days the CAAP child is absent, regardless of the reason (i.e., holidays, sick days and vacation). Since this is the provider's billing practice for nonsubsidized families, a request for payment which includes these days would meet the payment eligibility requirements under this section.

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.3 The county shall not approve a CAAP payment ~~to~~ for a new child care provider if a payment was made for the same period of time to the prior-authorized provider unless ~~care by the prior-authorized provider cannot be provided or the provision of care places the child at risk of harm~~ the change was due to an emergency situation under Section 89-715.31.

.31 An emergency situation occurs when care cannot be provided or the provision of care places the child at risk of harm.

.4 ~~When the beginning date of CAAP eligibility is after the first of the month/~~ The CAAP payment, as defined in Section 89-720.1, shall be prorated from the beginning date of aid in accordance with procedures specified in Section 44-315.7, when the beginning date of aid is after the first of the month.

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- .41 Example: The CAAP participant became eligible for AFDC on the 17th of the month. The submitted child care receipt shows child care costs of \$150 for the whole month. The Reciprocal Table in Section 44-315.73 shows a figure of .4839 for the 17th day of a 31-day month. The total monthly CAAP payment amount x the reciprocal = the prorated CAAP amount (\$150 x .4839 = \$72.585). The \$72.585 is rounded down to \$72 which is the amount of the CAAP payment.

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- .5 The county shall not ~~pay aid paid pending the state hearing decision for CAAP~~ issue CAAP payments pending a state hearing if CAAP eligibility is discontinued. If a reduction of the CAAP payment is appealed, the participant shall be entitled to the reduced amount of the CAAP payment pending the state hearing.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 11280 and 11508(b), Welfare and Institutions Code; 45 CFR 255.1, (c), and (e)(4); 45 CFR 255.2, (a), (a)(1), and (h)(2); and 45 CFR 255.4(a), (a)(1)(ii), (a)(2)(ii) and (iii), (a)(3)(i), (ii), and (iii), (c)(2), and (i)(1).

Amend Section 89-720.1 et seq. to read:

89-720 CHILD CARE PAYMENT COMPUTATION

89-720

- .1 The county shall pay the lesser of the actual child care costs paid or the applicable monthly ~~75th percentile~~ rate ceiling.

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- .11 Example: Child care costs are within the RMR.

An employed mother has two children, ages 5 and 1, in a child care center in Alameda County. The mother works 120 hours per month and child care is for 130 hours per month per child, which includes transportation time to and from work. The child care provider charges a weekly rate of \$75 for the 5-year-old and \$95 for the 1-year-old. The total child care cost the child care provider charges for the month is \$735, \$324 for the 5-year-old and \$411 for the 1-year-old.

CAAP COMPUTATION:

(1) 5-year-old child:  
~~75th percentile~~  
Monthly rate ceiling \$328  
Actual child care costs/mo. \$324

(2) 1-year-old child:  
~~75th percentile~~  
Monthly rate ceiling \$442  
Actual child care costs/mo. \$411

CAAP Payment for 5-year-old child: \$324  
CAAP Payment for 1-year-old child: + \$411  
TOTAL CAAP PAYMENT: \$735

- .12 Example: Child care costs exceed the RMR.

The AU of four includes a working father, an incapacitated mother on SSI, and two children ages 6 and 8. The father is employed 160 hours per month and child care is for 180 hours per month per child, which includes transportation time to and from work. The children are placed in a family day care home in Colusa County, where the monthly child care cost is \$365 per child.

CAAP COMPUTATION:

(1) 6-year-old child:  
~~75th percentile~~  
Monthly rate ceiling \$324.75  
Actual child care costs \$365.00

(2) 8-year-old child:

~~75% per centile~~

Monthly rate ceiling \$324.75

Actual child care costs \$365.00

CAAP Payment for 6-year-old child: \$324.75

CAAP Payment for 8-year-old child: + \$324.75

TOTAL CAAP PAYMENT: \$649.00

(rounded down)

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.2 Counties shall round payments to the nearest lower whole dollar.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 11280 and 11508(b), Welfare and Institutions Code; 45 CFR 255.4(a) and (a)(2)(iii); and the Preamble (Federal Register Volume 54, No. 197, page 42233).

Amend Section 89-725 to read:

89-725 CAAP PARTICIPANT'S RESPONSIBILITIES

89-725

- .1 In accordance with the time frames specified in Section 40-181.22, the CAAP participant shall provide the county with the following information that is necessary to determine CAAP program and payment eligibility along with the monthly eligibility report in accordance with the time frames specified in Section 40-181.22.

.11 A complete SCC 6, which includes the following:

.111 Part A completed by the CAAP participant.

- (a) The CAAP participant shall ensure that all information is completed for each eligible child for whom the CAAP participant is requesting a CAAP payment.
- (b) The CAAP participant shall sign a declaration, under the penalty of perjury, that the information contained in Part A of the SCC 6 is true and correct.

.112 Part B completed, as specified in Section 89-710.145, by each eligible child care provider.

- (a) When there is more than one child care provider for the eligible child(ren) in the CAAP participant's family, a separate SCC 6, Part B only, is required for each child care provider.

.12 A complete CA 7/SAWS 7, as specified in Section 40-181.241.

- /11 Verification of employment and the number of hours of employment/
- /12 The name and birthdate of each child for whom care is to be provided/
- /13 Total child care hours provided during the month including the scheduled hours of care/
- /14 Total child care costs for the month/
- /15 The care provider's name and address/
- /16 Whether the provider is a licensed day care center/ licensed family day care home/ or an exempt day care provider/ and
- /161 The social security number (SSN) of an exempt provider/ or
- /162 The tax ID number for a licensed provider/

- 117 A certification from the exempt day care provider that he/she is/
  - 1171 At least 18 years of age/
  - 1172 Whether he/she is a relative of the CAAP participant/
  - 1173 When not related/ that he/she provided the CAAP participant the name/ address and telephone numbers of two character references/
  - 1174 A statement as to his/her/
    - (a) Health/
    - (b) Education or experience/ and
    - (c) Criminal record/ and
  - 1175 Names and ages of other persons in the home providing care/
- 118 A declaration/ signed under penalty of perjury/ by the child care provider that the information submitted under Sections 89-723/11 through 117 is true and correct to the best of his/her knowledge/
- 119 A declaration/ signed under penalty of perjury/ by the CAAP participant that the information submitted under Sections 89-723/11 through 118 is true and correct to the best of his/her knowledge/
- 12 .13 The CAAP participant must indicate to the county if A request for a change from CAAP to AFDC grant status when he/she no longer chooses to participate in CAAP. and now chooses to return to AFDC grant status/
  - .131 This change must be indicated on the CA 7/SAWS 7.
- .2 The CAAP participant must notify the county of/
  - 121 Any changes in child care arrangements, including changes in providers, so that the county can determine the eligibility of the new child care provider as specified in Section 89-710.14.
  - 122 Any changes in work status/

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code and Sections 11349(b) and (e), Government Code.

Reference: Section 11280, Welfare and Institutions Code; 45 CFR 233.36; 45 CFR 255.1(e) and (e)(1); 45 CFR 255.2, (a), and (a)(1), and (g)(1); and 45 CFR 255.4(c)(2) and (h).



Amend Sections 89-730.11, .21 et seq., .3 et seq., .421(a), .51 et seq., and .52 to read:

89-730 COUNTY RESPONSIBILITIES

89-730

.1 Informing and Participation

.11 The county shall inform AFDC/~~CAAP~~ applicants and AFDC recipients in writing about the availability of the CAAP program at the following intervals:

.111 At the time of application as specified in Section 40-131.3.

.112 At the time of redetermination as specified in Section 40-181.2.

.12 The AFDC eligible person shall only be permitted to choose to participate in CAAP at the intervals specified in Sections 89-730.11.

.2 Signed CAAP Agreement

.21 Within 30 days of the completion of the eligibility determinations made at the intervals specified in Section 89-730.11, the county shall obtain a signed statement from the individual choosing CAAP which shall contain the following information:

.211 The choice for CAAP means refusing an AFDC grant in order to receive child care assistance.

.212 The failure to provide the ~~monthly eligibility report~~ CA 7/SAWS 7 and ~~child care information~~ the SCC 6 to the county in a timely manner may result in delay of payment issuance or discontinuance of CAAP ~~payments~~ eligibility.

.213 The CAAP participant has the right to request a state hearing regarding CAAP benefits, but aid paid pending the state hearing decision is not available as specified in Section 89-715.5.

.214 The CAAP participant's rights will be waived for any other AFDC assistance programs such as the Reduced Income Supplemental Payments (RISP), Homeless Assistance, and/or special needs.

.215 The conditions under which an individual becomes eligible for a CAAP payment.

.216 The conditions under which an individual becomes ineligible for a CAAP payment.

.3 General

- .31 The county shall determine a CAAP participant's AFDC eligibility on a monthly basis by utilizing all AFDC eligibility criteria pursuant to Sections 44-207.2 and .3.
- .32 The county shall issue the CAAP payment to eligible CAAP participants in accordance with the standard delivery dates of aid payments in Sections 44-304.5 or 44-305.2.
- .33 The county shall discontinue CAAP eligibility on the last day of the month ~~in the following situations when:~~
- .331 ~~When~~ The CAAP participant no longer ~~did not~~ meets the eligibility criteria specified in Sections 89-710.11 and/or .15; and/or ~~Program Eligibility~~ and 89-715 ~~Payment Eligibility~~
- .332 ~~When the required information is not submitted by the first day of the payment month.~~ All of the children in the CAAP family no longer meet the eligibility criteria specified in Section 89-710.13; and/or
- .333 All of the child care providers for the eligible children no longer meet the eligibility criteria specified in Section 89-710.14.
- .34 By the first day of the payment month the county shall deny CAAP payments as follows:
- .341 The entire CAAP payment for one month when the CAAP participant is not eligible for an AFDC grant because the case is in suspension for one month as specified in Section 44-315.8.
- .342 Part of the CAAP payment when one or more of the following occurs:
- (a) The CAAP family consists of more than one child and:
- (1) one of the children listed on the SCC 6 does not meet the eligibility criteria specified in Section 89-710.13.
- (2) the information provided on the SCC 6 is complete, as required in Section 89-725.111(a), for at least one of the eligible children, but not complete for all of the eligible children for whom the CAAP participant is requesting a CAAP payment.
- (b) There is more than one child care provider and:
- (1) one of the providers does not meet the eligibility criteria specified in Section 89-710.14.

- (2) the CAAP participant fails to submit a separate SCC 6, Part B only, for each child care provider, as required in Section 89-725.112(a).
- (3) these providers were used for the same time period for the same child, but only one provider was eligible for payment, as specified in Section 89-715.3.
- .35 When noticing the CAAP participant of a program discontinuance or payment denial, the county shall inform the CAAP participant that the act will be rescinded if the CAAP participant meets the eligibility requirements as specified in Sections 89-710.13, .14, and .15 within 10 calendar days after the date of the notice.
- .346 The county shall rescind the discontinuance of CAAP eligibility or denial of the CAAP payment and restore the CAAP payment if the CAAP participant meets the good cause criteria specified in Section 40-181.233 and meets the reporting requirements as specified in Section 40-181.222 when the county determines that the basis for discontinuance or denial was incorrect, which includes the good cause criteria specified in Section 40-181.233, and that the participant is eligible for CAAP.
- 135 In addition to the AFDC case documentation, the county shall include the following in the CAAP participant's file:
- 1351 The information reported by the CAAP participant in Sections 89-725.11, 12, and 13, and
- 1352 All notices of action (NOAs) sent to the CAAP participant, and
- 1353 Documentation of the need for child care for a child age 13 or over. (See Section 89-710.132(b) of title)
- 136 Counties shall verify the child care provider's SSN with the Social Security Administration according to provisions in Manual of Policies and Procedures Division 20.
- 1361 Counties shall deny the CAAP payment when the SSN is determined not to be authentic.
- .37 Counties The county shall compare the child care provider's SSN, when provided, with the Medi-Cal Eligibility Data System (MEDS) to determine whether the provider is on aid and is reporting the earned income in accordance with Section 40-181.241(e) receiving AFDC, Food Stamps, and/or Medi-Cal benefits.
- .38 The county shall inform CAAP participants of the availability of the Transitional Child Care Program according to Section 40-173.8.
- .4 Prospective and Retrospective Payments
- .41 Prospective Payment Procedures

- .411 The county shall prospectively budget the CAAP payment when the applicant or recipient is subject to prospective budgeting pursuant to Section 44-313.1.
- .412 The county shall make a reasonable estimate of the child care costs using the procedures for calculating a payment specified in Section 89-720.1.
- .42 Retrospective Payment Procedures
- .421 AFDC recipients who choose CAAP shall continue in retrospective budgeting pursuant to Section 44-313.2.

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(a) Example:

May	June	July
AFDC Recipient indicates choice <del>on monthly eligibility report</del> for CAAP at <u>redetermination.</u>	AFDC Recipient signs CAAP agreement and continues to receive the AFDC grant based on costs reported on the April monthly eligibility report.	CAAP participant receives <u>the first</u> CAAP payment based on costs reported on the May monthly eligibility report.

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- .422 CAAP participants who choose to return to AFDC grant status shall continue in retrospective budgeting.

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(a) Example:

July	August	September
CAAP participant reports income. He/she decides to no longer participate in CAAP.	County receives the July monthly eligibility report on which the CAAP participant indicated his/her decision. The CAAP agreement is rescinded and a final CAAP payment is issued.	Former CAAP participant receives the AFDC check based on his/her July income.

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.5 CAAP Notice Requirements

- .51 The county shall notice CAAP participants in accordance with the definitions of timely and adequate notice requirements, as specified in Manual of Policies and Procedures Sections 22-0021 and 22-022, for the following:
- .511 ~~Initial~~ Approval of CAAP eligibility and ~~amount of~~ CAAP payment.
  - .512 Denial ~~of discontinuance~~ of a CAAP payment.
  - .513 ~~Change in the rate ceiling described in Handbook Section 89-718/111~~ Discontinuance of CAAP eligibility.
  - .514 CAAP overpayment/underpayment adjustments and overpayment demands, as specified in Section 89-735.
  - .515 Return to AFDC grant status.
  - .516 Nonreceipt of the ~~monthly child care eligibility report~~ SCC 6 or receipt of an incomplete monthly child care eligibility report SCC 6.
  - .517 Change in a CAAP rate ceiling, as specified in Section 89-705.1(r)(1).
- .52 The county shall follow the contact procedures, as specified in Section 40-181.221, for a late and/or incomplete monthly eligibility reports CA 7/SAWS 7 and SCC 6 ~~as specified in Section 40-181/221~~.

.6 Inter-County Transfers

- .61 The inter-county transfers shall occur in the same manner for a CAAP participant as for an AFDC recipient. A new CAAP agreement shall be signed in the new county and provide all pertinent provider information.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 11265.1, 11280(b) and (c), Welfare and Institutions Code; 45 CFR 233.22, .24, .25, .26(a)(3), .29(b) and (c), .34(b) and (c)(3), .35, and .36, and .37(c); 45 CFR 255.1(c), (e), and (e)(4); 45 CFR 255.2(a), (g)(1), (g)(2), (h), (h)(1), and (h)(2); 45 CFR 255.3(b), (c), and (h); and 45 CFR 255.4(a) and (a)(2)(iii), (c)(2), (f)(2), and (h); and 45 CFR 256.4(c).

Amend Sections 89-735.13, .212, and .23 et seq. to read:

89-735 UNDERPAYMENTS AND OVERPAYMENTS

89-735

.1 General Criteria

- .11 Underpayments occur when a CAAP payment made to the CAAP participant is less than what he/she is entitled to receive.
  - .111 Action to correct underpayments shall be taken within 30 calendar days from the date the county determines that an underpayment exists.
- .12 Overpayments occur when a CAAP payment to the CAAP participant exceeds what he/she is entitled to receive.
- .13 The county shall take all reasonable steps necessary to ~~promptly~~ collect any overpayment that is known to the county within the time frame specified in Section 89-735.212.
  - .131 The county shall refer cases of suspected fraud to the county Special Investigative Unit (SIU) under Manual of Policies and Procedures Section 20-005.
  - .132 The county shall attempt recovery efforts in all cases of current and former CAAP participants.
- .14 The county shall recover CAAP overpayments from any person who was a member of the AU at the time the AU was overpaid.

.2 Recovery of Overpayments

- .21 When the county determines that an overpayment exists, the county shall calculate the amount of the overpayment and determine the appropriate method of recovery.
  - .211 Recovery methods may be used concurrently.
  - .212 The county shall take steps to initiate the recovery ~~promptly~~ of overpayments within 30 calendar days from the date the overpayment is discovered by notifying the individual in writing that he/she has an overpayment and how recovery will occur as specified in Sections 89-735.22 and .23.
- .22 Overpayment Recovery from Current CAAP Participants
  - .221 Balancing
    - (a) When an individual has both an overpayment and an underpayment, the county may offset one against the other.

.222 CAAP Payment Adjustment

(a) The overpayment is to be adjusted from the current CAAP payment subject to Section 89-735.222(b).

(1) When the current CAAP payment amount is not enough to recover the entire overpayment, the remaining amount of the overpayment shall be applied to succeeding month(s) and the adjustment process shall be repeated.

(b) Recovery from the current CAAP payment(s) shall be ten percent of the total payment or \$21, whichever is greater, but the recovery shall not exceed the current CAAP payment.

.223 Voluntary Cash Recovery

(a) The county shall accept any voluntary cash payment from an individual to pay any portion of an existing overpayment.

.23 Overpayment Recovery from Former CAAP Participants *Who Presently Receive an AFDC Grant and from Former CAAP Participants no Longer Receiving AFDC/CAAP*

.231 The county shall demand in writing, the repayment of any outstanding overpayment amount from any individual who is no longer eligible to receive CAAP payments *or AFDC*.

.232 A former CAAP participant receiving an AFDC grant shall be permitted to have CAAP overpayments adjusted from his/her grant when:

(a) The CAAP participant and the county voluntarily agree with the amount of the AFDC grant adjustment/, and

(b) The individual signs a written agreement with the county.

.233 Once the demand letter for repayment has been sent, the county shall continue recovery efforts of CAAP overpayments in:

(a) All cases of fraud;

(b) All cases of current *CAAP participants* AFDC recipients; or

(c) All cases of former *CAAP participants* AFDC recipients when the overpayment amount would equal or exceed the cost of recovery.

.234 The county shall recoup CAAP overpayments from families receiving:

(a) TCC payments by following TCC overpayment collection procedures specified in Section 47-190.

(b) SCC payments by following SCC overpayment collection procedures specified in Section 44-508.

.3 Overpayment Record Maintenance

- .31 The county shall maintain a record of the overpayment including all notices and agreements, the repayment dates and amounts recovered.
- .32 Once collection of the overpayment is completed, the overpayment records shall be retained in accordance with requirements for records retention of public assistance cases, as specified in Manual of Policies and Procedures Section 23-353.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 11280, Welfare and Institutions Code; 45 CFR 233.20(a)(13)(i); 45 CFR 255.4(j)(1), (4), (5), (6), (7), and (8); and the Preamble (Federal Register Volume 54, No. 197, page 42234).



Amend Section 89-740.11 to read:

89-740 DATA COLLECTION

89-740

.1 The county shall collect and report data as required by CDSS.

.11 Information shall include/ ~~but is not limited to~~ the following:

.111 Total number of AFDC families receiving CAAP payments each month, including the

(a) Number of CAAP-FG families receiving CAAP payments each month, and

(b) Number of CAAP-U families receiving CAAP payments each month.

.112 Total number of children receiving CAAP payments each month by the type of child care (i.e., licensed or exempt, relative or non-relative, inside or outside child's home, family day care, or center care);

(a) Number of CAAP-FG children receiving CAAP payments each month by the type of care, and

(b) Number of CAAP-U children receiving CAAP payments each month by the type of care.

.113 Expenditures for children receiving CAAP payments each month by the type of child care (i.e., licensed or exempt, relative or non-relative, inside or outside child's home, family day care, or center care);

(a) Amount of expenditures for CAAP-FG children each month by type of care, and

(b) Amount of expenditures for CAAP-U children each month by type of care.

.114 Number of months that each family has received child care services, if available.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 11280, Welfare and Institutions Code; 45 CFR 255.6; and Federal Action Transmittal JOBS-ACF-AT-92-1.